

## Shelbyville Community Unit District No. 4

## Teacher Request

## Sick Leave—Personal Leave—Professional Work Related

Teacher Section

Please complete and return to the School Principal as specified for the type of leave requested.

Teacher's Name \_\_\_\_\_  
Teaching Assignment \_\_\_\_\_ Dates/Times of Absence \_\_\_\_\_

## Check One:

- ☐
- Sick Leave:**
- Complete within 2 days
- after
- the absence to ensure approval; or when possible, prior to absence.

Reason for and/or Requests \_\_\_\_\_

- ☐
- Personal Leave:**
- Written request for the personal business leave must be presented two working days prior to the requested day to the Superintendent via the building principal. The Superintendent may in cases deemed to be an emergency, approve personal leave verbally subject to a written request being presented by the teacher upon return to school.

Reasons for the request need not be given with the exception that personal business leave will not be used to extend a school holiday period, except in an emergency. Use of a "dock day" for the last day before a school holiday period or a school holiday or the first day back from a school holiday period or a school holiday in order to use personal leave days (s) for other days involved in extending a school holiday period or school holiday is prohibited. Use of a "dock day" to then be able to use personal business days for vacation is also prohibited.

Unauthorized absences will result in a salary deduction of one day's pay deducted for one day's unauthorized use of personal leave days.

All Sick and Personal Leave days shall be used in increments of not less than one half day.  
(Article VIII, Section 8.2.1—8.2.4)

- ☐
- Professional Work Related Assignment:**
- (Request must be made 2 weeks prior to date of meeting)
- 
- Purpose: \_\_\_\_\_
- 
- Recertification Plan: \_\_\_\_\_
- 
- School Improvement: \_\_\_\_\_
- 
- Teacher Training: \_\_\_\_\_

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐
- Regular
- 
- ☐
- No Substitute Required
- 
- ☐
- In-House \_\_\_\_\_

Periods: \_\_\_\_\_

**CHECK LIST:**

- ☐
- Payment Request Attached
- 
- ☐
- Transportation Request Attached
- 
- ☐
- Registration Form

Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Unit Office