

St. Helena Parish School District

District Vision:

To develop a productive educational system that increases student achievement, develops educator effectiveness, and builds public confidence.

ST. HELENA PARISH SCHOOL BOARD REQUEST FOR LEAVE FORM

Name of Employee		
Position		
Job Site:		
		ested (Check one that apply)
Professional Development*		Personal Leave
Sick/Emergency		Annual/Vacation Leave (12 month only)
Workman's Compensation		Comp Time (Adm. Only)
Funeral Leave***		School Related Business**
Maternity Leave		Leave Without Pay
Extenuating Circumstances** *Proper documentation must be attached to Request for Leave Form		
**Proper documentation from p	hysician must be attached to Reques relationship in accordance with policy	t for Leave Form.
Beginning date of leave _		APPROVALS/DENIALS (For office use only)
Ending date of leave _		Circle One: Approved Denied
Beginning time of leave _		
Ending time of leave _		Immediate Supervisor/Principal Date
Total time on leave _	hour(s)	Reason for Denial
_	day(s)	
Explanation of Leave		Circle One: Approved Denied
		Superintendent of Schools Date
		Reason for Denial
Employee Signature	Date	

Please submit immediately upon return to duty for sick emergency leave, in advance for all other types of leaves. Refer to the St. Helena Parish School Board Employee's Handbook for policy regarding types of leave. Leave forms for school-based employees including Special Education, or P.A. personnel are to be filed in the Principal's office. Principals and Assistant Principals (if applicable) leave requests are to be approved by the Superintendent and filed in the School Board Central Office Payroll Department.