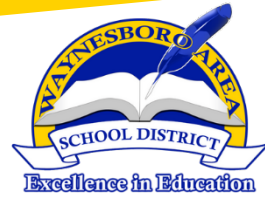


Waynesboro Area School District Leave Request Form



Name: _____

Date Submitted: _____

Building: _____

Professional Staff

Emergency Leave – Please check appropriate reason code

Date(s) of Emergency Leave requested _____

A. Hazardous Road Conditions

B. When it is determined that the employee or a member of the employee's immediate family, as defined under Section 3.04, may experience or has experienced an event that presented an imminent threat to life, limb, or property. _____

(Brief description)

Personal Leave – Must be submitted three (3) days prior to leave

Date(s) of Personal Leave requested _____

Unpaid Leave - Employees must use all of their acceptable & applicable leave (i.e. personal, sick days, etc.) prior to requesting and using unpaid leave

Date(s) of Unpaid Leave _____

Reason for Unpaid Leave _____

Support Staff

Unpaid Leave - Employees must use all of their acceptable & applicable leave (i.e. vacation, sick days, etc.) prior to requesting and using unpaid leave

Date(s) of Unpaid Leave _____

Reason for Unpaid Leave _____

Signature of Employee _____

Date: _____

Signature of Principal/Supervisor _____

Date: _____

**Any days taken without pay beyond (5) five, consecutive or non-consecutive, days shall require the approval of the Superintendent or their designee and will require the full-time employee to pay the prorated difference in benefits.*

Signature of Superintendent – Emergency/Unpaid Leave ONLY

Date: _____