

SOUTHWESTERN CONSOLIDATED SCHOOL DISTRICT
SHELBYVILLE, INDIANA

EMPLOYEE LEAVE REQUEST

Name of Employee

Building

Request leave for the following day(s) _____

For a total of _____ day/hour(s) of absence from duty as an employee of Southwestern Consolidated School District.

Type of Leave: (Check One)

_____ Leave

_____ Funeral Leave _____
Relationship - Father, Mother, Etc. as per contract

_____ Other, describe _____

I hereby request that absence be compensated and charged against my accumulative leave as provided by Indiana Law and Southwestern/SWCCTA contract.

Signed: _____
Employee

Date: _____

Signed: _____
Principal

Date: _____

Signed: _____
Superintendent

Date: _____

Principal's Comments:

Name of Substitute(s) employed: _____

Other Comments: _____

Superintendent's Comments: _____