

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: \_\_\_\_\_

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**Principal's Comments:**

Name of Substitute(s) employed: \_\_\_\_\_

Other Comments: \_\_\_\_\_

**Superintendent's Comments:** \_\_\_\_\_