



### Local Leave Request Form

Employee Name \_\_\_\_\_ Date: \_\_\_\_\_

Employee #: \_\_\_\_\_ Campus/Location: \_\_\_\_\_

To be considered for Local Sick Leave you must first meet the following criteria:

- Must be a full-time employee; and
- Leave is requested due to a need of the employee or a member of the employee’s immediate family; and
- Employee has exhausted all available paid benefits including state and local days.

After reading the above, I feel I meet the criteria for Leave for the following reason(s):

[Please explain and attach any paperwork (physician’s note, etc.) that will be helpful in considering your request.]

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Number of days you are requesting? \_\_\_\_\_

After completing this request for Local Leave, give to your campus principal or supervisor for approval.

Approval signature of principal/supervisor \_\_\_\_\_

Date \_\_\_\_\_

In the event that the request is not approved by the principal/supervisor, the reasons for declining the request will be shared with the employee.

Received in business office by \_\_\_\_\_

Date Received \_\_\_\_\_