

**MARION SCHOOL DISTRICT  
REQUEST FOR LEAVE OF ABSENCE**  
Leave Form is Employees Responsibility - See Board Handbook for leave Regulations

Name \_\_\_\_\_ Date \_\_\_\_\_ Certified \_\_\_\_\_  
Classified \_\_\_\_\_

Residential Address \_\_\_\_\_ School or Department \_\_\_\_\_

Position \_\_\_\_\_ Social Security # \_\_\_\_\_

*I hereby apply for leave of absence on the following dates:*

Beginning (first day of absence) \_\_\_\_\_ Ending (last day of absence) \_\_\_\_\_ Total Days Absent (Certified) \_\_\_\_\_

Type of Leave Requested: \_\_\_\_\_ Total Hours Absent (Classified) \_\_\_\_\_

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Vacation (120)         | <input type="checkbox"/> Personal Injury (111)<br><small>Workmans Camp</small> | <input type="checkbox"/> Free (Personal Business) 116 | <input type="checkbox"/> Prof. Devlpmt(160) |
| <input type="checkbox"/> School Business (145)  | <input type="checkbox"/> Family Illness (110)                                  | <input type="checkbox"/> Personal Business (115)      | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Personal Illness (110) | <input type="checkbox"/> Family Bereavement (110)                              | <input type="checkbox"/> Jury Duty (8 hours Max. 130) |   |

Explanation of Request \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_  
Principal/Supervisor/Director

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_  
Administration(Payroll)

Attach to time sheet or absentee list