

**SOUTH HARRISON COUNTY R-II SCHOOL DISTRICT**

**REQUEST FOR LEAVE**

**Date of Anticipated Absence:** \_\_\_\_\_

**Reason for Absence:** \_\_\_\_\_

**Requested Leave:**        \_\_\_\_\_ Sick  
                                  \_\_\_\_\_ Personal  
                                  \_\_\_\_\_ Vacation  
                                  \_\_\_\_\_ Professional  
                                  \_\_\_\_\_ Comp time

**If Professional Leave is requested listed expected reimbursement costs:**

- A. Mileage \_\_\_\_\_
- B. Meals \_\_\_\_\_
- C. Fees \_\_\_\_\_

**I hereby certify that the above statement is in accordance with the facts.**

**Employee's signature:** \_\_\_\_\_

**Approved:** \_\_\_\_\_