

Louisville Municipal School District

REQUEST FOR LEAVE

EMPLOYEE: _____

Office/Dept.: _____

Date of Request: _____

Type(s) Leave Requested:

days _____ **Vacation: from _____ through _____

days _____ Sick Leave: from _____ through _____

days _____ Personal: from _____ through _____

**Vacation Leave requests must be submitted to the Superintendent at least two (2) days prior to date(s) of requested leave.

Signature of Employee: _____

Approved by Supervisor: _____

Approved by Superintendent: _____

Date: _____

copies to Employee and Supervisor

effective 06011998