

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