

EMPLOYEE LEAVE REQUEST FORM

Morning Sun Community School District, 311 E Division St., Morning Sun, IA 52640 | Phone: 319-868-7701 | Fax: 319-868-7703

Employee: _____ Classified Employee
 Licensed Employee

Type of Leave Requested:

- Bereavement¹ Family Sick Leave Jury Duty Maternity/Paternity Personal
 Professional Leave² Sick Leave Unpaid Leave Vacation* Worker's Comp³
 Other⁴

¹Relationship to Deceased: _____

²Destination: _____ Purpose: _____

³Date of accident: _____

⁴Description: _____

*12-month employees only.

Time of Leave Requested: (All leaves must be taken in either half (1/2) day or whole day increments.)

Date(s): _____ to _____ AM Only PM Only Full Day(s)

Total number of days requested: _____

Substitute Needed: Yes No

Employee and/or Administrator Comments:

Employee's Signature

Date

To be completed by the Administrator: Approved Approved; See Changes/Comments Not Approved; See Reason(s)

Administrator's Signature

Date

Copies: *Administrator, Business Office, and Employee*