

SHAMOKIN AREA SCHOOL DISTRICT

ADMINISTRATOR/SUPERVISOR

MULTI-PURPOSE LEAVE REPORT

NOTE: Please complete and submit to the Superintendent in advance of requested time off. **VACATION** - 3 weeks in advance. **PERSONAL** - as soon as possible; **SICK** - upon return to work; **NON-PAY** - 1 week in advance, emergencies excepted.

NAME _____ DATE: _____

DATE(S) OFF _____

NATURE OF REQUEST:

1 **VACATION**

2 **PERSONAL**

3 **SICK**

4 **FUNERAL**

(Name and Relationship)

5 **NON-PAY**

6 **EMERGENCY**

7 **OTHER**

Principal/Supervisor

Date

Recorded _____

Date

Approved:

Yes _____

No _____

By _____

Secretary

Superintendent

Date

Revised: October, 2006

(Administration Office Copy)

ADMINISTRATOR/SUPERVISOR

MULTI-PURPOSE LEAVE REPORT

NAME _____ DATE: _____

DATE(S) OFF _____

BUILDING WORKSITE _____

NATURE OF REQUEST:

1 **VACATION**

2 **PERSONAL**

3 **SICK**

4 **FUNERAL**

5 **NON-PAY**

6 **EMERGENCY**

7 **OTHER**

Approved:

Yes _____

No _____

Superintendent

Date

(Employee Copy)