## SHAMOKIN AREA SCHOOL DISTRICT PROFESSIONAL

## MULTI-PURPOSE LEAVE REPORT

**NOTE**: Please complete and submit to the Principal in advance of requested time off when possible or immediately upon return to work. (The Substitute Teacher Report must also be completed). **PERSONAL** - At least 3 days in advance and limited to 10% of staff. **SICK** - upon return to work; and **NON-PAY** - request must be submitted 1 week in advance, emergencies excepted.

NAME			DATE:			
DATE(S) OFF						
NATURE OF REQUEST:	1 PERSONAL 2 SICK 3 FUNERAL 4 NON-PAY 5 OTHER	(Name and Relationship)				
		Principal/Super	rvisor		Date	
Recorded		Approved:	Yes	No		
_	Date					
Ву	Secretary	Business Mana	ager		Date	
Revised: April 23, 2007	,		Ü	(Administra	tion Office Copy)	
NAME		PROFESSIO PURPOSE LE <i>i</i>				
				DATE:		
BUILDING WORKSITE						
NATURE OF REQUEST:	1 PERSONAL 2 SICK 3 FUNERAL 4 NON-PAY 5 OTHER					
		Арр	oroved:	Yes	No	
		Business Mana	ager		Date	

(Employee Copy)