

SHAMOKIN AREA SCHOOL DISTRICT

NON INSTRUCTIONAL
MULTI-PURPOSE LEAVE REPORT

NOTE: Please complete and submit to the Principal or Immediate Supervisor in advance of requested time off (**VACATION** - 3 weeks in advance; **PERSONAL** - as soon as possible; **SICK** - upon return to work; and **NON-PAY** - must be submitted 1 week in advance, emergencies excepted).

NAME _____ DATE: _____

DATE(S) OFF _____

- NATURE OF REQUEST:
- 1 **VACATION** _____
 - 2 **PERSONAL** _____
 - 3 **SICK** _____
 - 4 **NON-PAY** _____
 - 5 **FUNERAL** _____
(Name and Relationship)
 - 6 **OTHER** _____

Principal/Supervisor _____ Date _____

Recorded _____
Date _____

Approved: Yes _____ No _____

By _____
Secretary _____

Business Manager _____ Date _____

Revised: August 2006

(Administration Office Copy)

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MULTI-PURPOSE LEAVE REPORT

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DATE(S) OFF _____

- NATURE OF REQUEST:
- 1 **VACATION** _____
 - 2 **PERSONAL** _____
 - 3 **SICK** _____
 - 4 **NON-PAY** _____
 - 5 **FUNERAL** _____
 - 6 **OTHER** _____

Approved: Yes _____ No _____

Business Manager _____ Date _____

(Employee Copy)