

Waynesboro Area School District Leave Request Form

Name: _____ Date Submitted: _____

Building: _____

Professional Staff

Emergency Leave – *Please circle appropriate reason code*

Date(s) of Emergency Leave requested _____

A. Hazardous Road Conditions

B. When it is determined that the employee or a member of the employee's immediate family, as defined under Section 3.04, may experience or has experienced an event that present(s) or has presented an imminent threat to life, limb, or property. _____

(Brief description)

Personal Leave

Date(s) of Personal Leave requested _____

Administrative – Supervisory – Support Staff

Emergency Leave – *Please circle appropriate reason code*

Date(s) of Emergency Leave requested _____

A. Family member ill or hospitalized _____
(Name and relationship of family member)

B. Death in family (beyond bereavement leave)

C. Damage to home, car, or personal property requiring immediate attention _____
(Brief description)

D. Son or daughter entering college

E. Graduation of employee or employee's immediate family member

F. Hazardous road conditions

G. Medical appointment (employee only)

Personal Leave

Date(s) of Personal Leave requested _____

Vacation Leave

Date(s) of Vacation Leave requested _____

Signatures

Signature of Employee _____ Date _____

Signature of Principal/Supervisor _____ Date _____

Signature of Superintendent – Emergency Leave ONLY _____