

Charles A Beard Memorial School Corporation
Leave Day Request

I _____ request the use of a () full day () half day, as specified below, on _____.

___ Sick Day

___ Personal Day

___ Emergency Day

___ Professional Development

___ Field Trip

___ Jury Duty (*must provide documentation from court*)

___ Bereavement-Paid: list relationship to deceased: _____.

___ Bereavement-Unpaid

___ Unpaid Absence

Reason for request: _____

Employee signature _____

Principal/ Supervisor Signature _____

Superintendent Signature _____