

LINCOLN COUNTY SCHOOL DISTRICT

PO Box 118 Panaca, NV 89042
775-728-4471

******* REQUEST FOR LEAVE *******

EMPLOYEE _____
Please print

TODAY'S DATE _____

WORK LOCATION _____

I need to be absent for the following reason:	DATE(S)	HOURS ** (NOT DAYS)
A. Sick Leave: Employee or family illness Circle Employee or Family	_____	_____
Is this sick leave request related to previous leave taken within the past 12 months? YES NO (Circle One)		
B. Bereavement Leave:	_____	_____
C. Personal: Advance notice required.	_____	_____
D. Vacation:	_____	_____
E. Jury Duty or Witness: Requiring pay back of money received excluding per diem.	_____	_____
F. Association Leave:	_____	_____
G. Leave Without Pay:	_____	_____

Comments: _____
Please provide a brief description of your leave request if used as sick leave.

H. Professional Leave: Reason for professional leave: <hr/>	_____ _____
Will substitute costs be reimbursed to the district? _____ (By whom?) _____	

**Partial hours should be calculated to the nearest 1/4 hour

Employee Signature

Principal or Supervisor Signature

Superintendent Signature

Date recorded by District Office