

INDEPENDENT SCHOOL DISTRICT 16 SHORT TERM LEAVE / DAY REQUEST

DATE: _____ BUILDING: _____
 TO: Building Principal / Supervisor
 FROM: _____ POSITION: _____
 RE: Request for a **SHORT TERM LEAVE DAY**

I, _____, would like to request a Short Term Leave (STL) Day on _____. I have read and understand the provisions for a STL Day which are outlined in the contract for my bargaining unit and agree to comply with these guidelines. I understand that this may be deducted from my sick leave.

Following are a list of possible **SHORT TERM LEAVES**. Humans Resources will notify you with a decision on your request.

- | | |
|---|---|
| <input type="checkbox"/> Personal Day | <input type="checkbox"/> Parental Days for Childbirth (Provide Dates) |
| <input type="checkbox"/> Emergency Day | <input type="checkbox"/> Jury Duty Days (Attach Copy of Notice) |
| <input type="checkbox"/> Bereavement Day (State Relationship) | <input type="checkbox"/> Religious Days |
| <input type="checkbox"/> Adoption Days (Provide Dates) | <input type="checkbox"/> Other (please provide explanation) |

Please provide a brief explanation for your leave request:

Employee Signature Date

Principal / Supervisor Approval Date

Human Resources Signature Date

Please send this form to the **Human Resources Department** for processing.

For HR use only:

FTE:	# Hours / Days:	PD Used:	Eligible:	Initial: