

PLYMOUTH COMMUNITY SCHOOL CORPORATION

CLASSIFIED (NON-CERTIFIED) LEAVE FORM

Name: \_\_\_\_\_ Building: \_\_\_\_\_

TYPE OF LEAVE REQUESTED

- Special (without pay) Reason: \_\_\_\_\_
- Personal (with pay) Reason: \_\_\_\_\_
- Floating Holiday (with pay – full time employees)
- Vacation (with pay – full time employees)

Date(s) request to be absent:

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leave requests should be submitted at least seven (7) days prior to the date of absence except for emergencies.

Approved

Not Approved

Reason: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_