



**Independent School District 16
SHORT TERM LEAVE / DAY REQUEST**

Submit date: _____ School building: _____

TO: SUPERVISOR

From: _____ **Position:** _____
 (please print) Full Time Part Time

Day(s)/Hours requested off: _____ **(Circle either hour(s) or day(s))**

I, _____, would like to request a Short Term Leave (STL) Day(s) on the dates listed above. 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. Human Resources will notify you with a decision on your request. Please check one of the boxes:

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

Please provide a brief explanation of your leave request: **(Personal day requests do not require an explanation)**

Employee Signature

Date

Principal / Supervisor Signature

Date

Human Resources Coordinator Signature

Date