

**Morrisonville School District
PERSONAL LEAVE-SICK LEAVE**

NAME _____

DATE _____

I request (Personal Leave- Sick Leave) for the following absence.

DATES:

TOTAL DAYS:

SUBSTITUTE (if known):

REASONS:

*Personal Leave days in excess of three per year.

*Sick Leave- Illness, illness in family, etc.

Employee _____

Supervisor _____

Superintendent _____