

Mason County Schools

NO CAUSE PERSONAL LEAVE FORM

Employee #: _____

Employee Name: _____

Address: _____

is hereby requesting leave from my duties at (Location)

on _____

_____ ½ day _____ Full day

Signature of Employee: _____

Date Submitted: _____

_____ Approved _____ Disapproved

Immediate Supervisor: _____

Date: _____

Notice of such leave day shall be given to the employee's principal or immediate supervisor at least twenty-four (24) hours in advance, except that in the case of sudden and unexpected circumstances, such notice shall be given as soon as reasonably practicable. The use of such day may be denied if, at the time notice is given, either fifteen percent (15%) of the employees or three (3) employees, whichever is greater, under the supervision of the principal or immediate supervisor have previously notified the principal or immediate supervisor of their intention to use that day for such leave, as per Policy 3431.