

(May 2011)

ALLEGHANY COUNTY PUBLIC SCHOOLS

100 Central Circle

Low Moor, VA 24457

\_\_\_\_\_  
(Name of School)

**REQUEST FOR LEAVE**

Indicate which type by checking the appropriate blank:

Professional \_\_\_\_\_ Personal \_\_\_\_\_ Annual Leave \_\_\_\_\_ Other (Specify) \_\_\_\_\_

NAME: \_\_\_\_\_

DATE(S) REQUESTED: \_\_\_\_\_

REASON (If applicable) \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(EMPLOYEE)

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
(PRINCIPAL)

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
(DIRECTOR OF HUMAN RESOURCES AND PUPIL PERSONNEL)

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
(SUPERINTENDENT)

DATE: \_\_\_\_\_

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NOTE: Sick leave shall be allowed for personal illness, including quarantine. Five days of sick leave shall be allowed for illness or death in the "immediate family" requiring the attendance of the employee. The "immediately family" of an employee shall include natural parents, foster parents, stepmother, stepfather, wife, husband, children, brother, sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandparents, grandchildren, aunt, uncle, and any other relative living in the household of the employee (limited only in that the relative, however distant, must live in the household of the employee).