|  |  |  |  |
| --- | --- | --- | --- |
| ***ENHANCED LEAVE FORM*** | | | |
|  |  | **LEAVE REASON** | |
| **Employee's Name** |  |  | Sick/Family |
|  |  |  | Personal |
| **Last 4 Digits of Social Security Number** |  |  | Death In Family/Funerals (counts as Sick/Personal) |
|  |  |  |  |
|  |  |  | Jury Duty/Military/Election |
|  |  |  | (Military Orders/Jury Summons/Poll Worker  Sign-in Sheet MUST BE ATTACHED) |
| **Date(s) of Absence(s)** |  |  |  |
|  |  |  | Vacation |
|  |  |  |  |
|  |  |  |  |
| **Substitute's Name** |  |  | School Business (FORM 202/203 MUST BE ATTACHED) |
| **Check if sub has a valid Teaching Certificate \_\_\_\_** |  |  |  |
|  |  |  | In-District Training/Duty (specify below) |
| **Last 4 Digits of Social Security Number** |  |  | Name of Training/Duty: |
| **Employee's Signature** |  |  |  |
|  |  |  | **Secretary’s Signature** |
|  |  |  |  |
|  |  |  | CHS |
| **Administrator’s Signature** |  |  | School Date |