|  |
| --- |
| **ENHANCED LEAVE FORM** |
|  |  | **LEAVE REASON** |
| **Employee's Name** |  |  | Sick/Family  |
| **NA** |  |  | 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)****\_\_\_\_\_ ½ Day \_\_\_\_\_Full Day**  |  |  |  |
|  |  |  | Vacation |
|  |  |  |   |
|  |  |  |  |
| **Substitute's Name** |  |  |  School Business (FORM 202/203 MUST BE ATTACHED) |
|  |  |  |  |
| **NA** |  |  | In-District Training/Duty (specify below) |
|  **Last 4 Digits of Social Security Number** |  |  | Name of Training/Duty:  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **Charleston High School**  |
| **Employee’s Signature** |  |  |  **Location Date**  |
|  |  |  |  |
| **Administrator’s Signature** |