

LANCASTER SCHOOL DISTRICT

EXTENSION OF PERSONAL NECESSITY LEAVE

Name of employee: _____

School/Department: _____

Reason for request (May require documentation): _____

Today's date: _____

Anticipated dates for use of extended personal necessity leave: _____

Employee: Do not write below this line

PAYROLL:

Current number of accumulated days of sick leave _____

SUPERINTENDENT:

REVIEW DATE: _____

APPROVED: _____

DENIED: _____

Signature of Superintendent

Signature of Superintendent

Signature of Assistant Superintendent, HRS

Signature of Assistant Superintendent, HRS