## LANCASTER SCHOOL DISTRICT

## EXTENSION OF PERSONAL NECESSITY LEAVE

Name of employee:	
School/Department:	
Reason for request (May require documentation	on):
	Department:  for request (May require documentation):  date:  ated dates for use of extended personal necessity leave:  Do not write below this line  DLL:  number of accumulated days of sick leave  INTENDENT:  REVIEW DATE:  VED:  DENIED:  Of Superintendent  Signature of Superintendent
Anticipated dates for use of extended personal	I necessity leave:
Employee: Do not write below this line	
PAYROLL: Current number of accumulated days of sick leads to the second state of the s	eave
SUPERINTENDENT:	
APPROVED:	DENIED:
Signature of Superintendent	Signature of Superintendent
Signature of Assistant Superintendent, HRS	Signature of Assistant Superintendent, HRS

PNE/perfrms/1097