Springboro Community City School District

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(Please check one) Leave Request Form ☐ Absence Return Form ☐

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Name ____

Building / Department ____

Date(s) of absence ____

AM ☐ and/or PM ☐ Number of days ___________

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Reason for Absence (Please check appropriate item below)

- ☐ Employee Illness (Dr's release required for ten (10) or more consecutive days)
- ☐ Immediate Family Illness Relationship ______________________________
- ☐ Death in Immediate Family Relationship ______________________________
- ☐ Personal Business (if required, note reason below)
- ☐ Professional Leave (no expenses charged to district)
- ☐ Observation / Visitation
- ☐ Vacation
- ☐ Leave without pay
- ☐ Other (example: Compensatory) (note reason below)

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Comments: ____

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______________________ Employee Signature

__________ Date

______________________ Employee Social Security Number

Approval of Leave

______________________ Building Principal / Supervisor Signature

__________ Date

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Original to CFO’s Office Please print a copy for your personal records
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