



**REGIS CATHOLIC SCHOOLS
LEAVE FORM
Salaried Administrators & Non-Teachers
and
Hourly Employees (no sub needed)**

Name: _____

Date(s) of Leave: _____

Please write number of hours taken indicating which leave you are requesting/have taken and the reason for the leave (if applicable). Certain types of leave require prior approval by your manager/RCS President for the leave to be granted.

_____ **Sick Leave**
Doctor note required after 3 days.

_____ **Personal Leave**
Must be requested & approved in advance.

_____ **Vacation (if eligible)**
Must be requested & approved in advance.

_____ **Bereavement/Funeral Leave**
Death of spouse/child (5 days paid allowed)
Death of father, mother, brother or sister (3 days paid allowed)
Death of relative or close family friend (1 day paid allowed)
Leave may be extended with approval. Extensions, when granted, will generally be unpaid.

_____ **Jury Duty/Court Appearance**
Reason: _____

_____ **Excused Absence/Professional Leave**
Must be requested & approved in advance.
Reason: _____

_____ **Unpaid Leave**
Must be requested & approved in advance.
Reason: _____

Employee's Signature _____ Date _____

President/Manager's Signature _____ Date _____

President/Manager return approved form to employee.

Employee route approved form to Payroll only AFTER the leave has occurred.