



Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Hereby request to be excused on: \_\_\_\_\_ Number of Days: \_\_\_\_\_

- School/Site:** check one
- Borden Elementary       Borden Jr/Sr High       Henryville Elementary  
 Henryville Jr/Sr High       Silver Creek Elementary       Silver Creek Middle  
 Silver Creek Sr High       Superintendent's Office       West Clark Alternative  
 Silver Creek Primary

**Type Leave:** check Personal Day: \_\_\_ Jury Duty: \_\_\_ Military: \_\_\_ Bereavement: \_\_\_  
 Sick Day \_\_\_ Family Illness Leave \_\_\_

Family Illness Leave → \_\_\_\_\_ Relative's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Bereavement Leave → \_\_\_\_\_ Relative's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature: \_\_\_\_\_

Refer to WCCS Classified Employee Handbook regarding Leave request protocols.

- Supervisor:**
- Approve       Disapprove  
 With Salary       Without Salary  
 Substitute Needed       Substitute NOT Needed  
 Leave Days Available       Days Not Available

\_\_\_\_\_  
*Supervisor Signature*  
 Date: \_\_\_\_\_

West Clark  
 Payroll  
 Payroll Comments

\_\_\_\_\_

Payroll Initials →