



LEAVE REQUEST FORM

**Communities in Schools
of
Rowan County**
 204 East Innes Street Suite 240
 Salisbury, NC 28144
 (704) 797-0210 — cisrowan.org

Employee Requesting Leave: _____

School Location of Requesting Employee: _____

Type of Leave Requested:

- VACATION**—Request advance of dates of leave. See Policy 3.01 for guidelines and earnings rate.
- SICK**—Must be requested in writing no later than 24-hours after returning to work. See Policy 3.03 for guidelines.
- LEAVE WITHOUT PAY**—Must be requested in writing in advance of leave. See Policy 3.05 for guidelines.
- FUNERAL LEAVE**—Request in writing is requested as soon as practicable. See Policy 3.06 for guidelines.

	DATE(S)	HOURS	REASON
VAC			
SICK			
LWOP			
FUNERAL			

Date: _____ **Employee Signature:** _____

- Approved**
 Not Approved

Date: _____ **Supervisor Signature:** _____

FMLA: Communities In Schools of Rowan County, as a private sector employer having fewer than 50 employees is exempted by law from providing family/medical leave. See Policy 3.04 for additional information.
Leave Without Pay: Leave without pay may be approved by CIS Executive Director. Factors in deciding whether to approve include the employee's needs, workload, and the need to fulfill the employee's responsibilities. See Policy 3.05 for additional information.

*** All leave information, including eligibility, earnings/accumulation rate, pay out of accumulated leave, and consideration for approval are found the the Policy Manual sections 3.01 through 3.05 (Policy Manual is posted on the CISROWAN.ORG website).**

FOR ADMINISTRATVE USE ONLY	TOTALS	CURRENT BALANCE	THIS REQUEST	BALANCE FORWARD
	VACATION LEAVE			
	SICK LEAVE			