

NORTH MONTCO TECHNICAL CAREER CENTER  
LANSDALE, PA

## LEAVE REQUEST FORM

cc: Requestor  
Ruth Seachrist  
Sally Kriebel

<b>NAME</b>		<b>DATE RECEIVED IN OFFICE</b>	
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**REQUEST FOR:**

	<b>Personal Day(s) on</b>	
	<b>*Emergency Day(s) on</b>	
	<b>*Sick Day(s) on</b> <i>Doctor's note REQUIRED for absences of 3 consecutive days or more</i>	
	<b>Sick Day(s) for Member of Employee's Own Household</b> <i>3 permitted per year (deducted from number of days allotted annually)</i>	
	<b>Jury Duty on</b>	
	<b>Vacation Day(s) on</b>	
	<b>Bereavement Leave on</b>	<input type="checkbox"/> Immediate Family
		<input type="checkbox"/> Near relative
	<b>Other (s) on</b>	

\*Requires Reason

<b>Reason:</b>	
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<b>Substitute Needed? (If yes, please list dates)</b>	___ YES	___ NO
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<b>Signature of Requestor</b>	Date
<b>Payroll Clerk</b>	ARE THE REQUESTED TYPE OF DAYS AVAILABLE? ___ YES ___ NO
<b>Administrative Director's Response</b>	Date

<b>Comments:</b>	
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PER-010  
(Rev. 2/16/10)