

Requested Sick Leave

Name: _____

Today's Date: _____

Date and time requested for sick leave: _____

Staff Member's Signature

Principal's Signature

***Please circle one from the sick leave/bereavement chart below.

Employee	Spouse (-1)	Child (-1)	Parent (-1)
Grandchild (-2)	Grandparent (-2)	Sister (-2)	Brother (-2)
Aunt (-3)	Uncle (-3)	Niece (-3)	Nephew (-3)
Gr. Grandchild (-3)	Gr. Grandparent (-3)		