



Oelrichs School District #23-3

PO Box 65 • 214 West 7th Street

Oelrichs, SD 57763

605-535-2631

605-535-2046 (fax)

Leave Request Form

Employee's Name: _____ Today's Date: _____

Date(s) and time(s) leave
is/are being applied for: _____
(MM/DD/YYYY) Use times (AM/PM) Total hours

Professional Absence is due to: _____

***Please provide the name and type of event, where the event will take place,
and why you are attending; PLUS copy of agenda / conference information.
If travel arrangements are needed, please contact the Superintendent's secretary.**

***Expectation – Staff presentation after attending Personal Development opportunity**

Sick Leave is due to: _____

******(ex: employee's illness, child's illness, immediate family funeral, medical appt.)

****After 3rd consecutive day, a doctor's note is required**

Personal / Vacation Leave: _____

Civic/Jury Duty: _____

*******(Compensation for serving will be surrendered to school) *****Verification required**

Employee's Signature _____ Date _____

☐ APPROVE

☐ DISAPPROVE _____

Superintendent's Signature _____ Date _____