



St. Clair County Intervention Academy

1170 Michigan Rd., Port Huron, Michigan 48060 • 810-966-1649 • Fax 810-966-4312

TIME OFF / LEAVE REQUEST

All short term leaves-of-absence, including emergency illness, shall be recorded on this form, completed and given to your immediate supervisor. This form should be completed 2 weeks in advance of your time off except in the event of an emergency where it will be completed immediately upon your return.

Name: _____ Position: _____

Date(s) of Absence: _____ AM and / or PM TOTAL DAYS: _____

Check One: Leave Request Absence Return Reason for Absence: _____

Substitute Required: Yes No If yes, name of substitute: _____

This Section Must Be Completed

Check one of the following:

Deduct Leave Below No Time Available (Salary Deduction) No Deductions

** Important: If only AM or PM, Please indicate 0.5 **

All Employees	
_____	<input type="checkbox"/> Leave Day - Paid
_____	<input type="checkbox"/> Leave Day - Unpaid
_____	<input type="checkbox"/> Death Immediate Family - No Deduction
_____	<input type="checkbox"/> Lost Time, Work Injury
_____	<input type="checkbox"/> Jury Duty - No Deduction

My signature below assures that I have the requested time available for leave. I understand that if I do NOT have the time available, I will be required to reimburse the Academy for that time.

Employee Signature: _____

Date: _____

Approval: _____

Date: _____