

**RICHLAND PARISH SCHOOL BOARD
SICK LEAVE REPORT OR ANNUAL LEAVE REQUEST FORM**

Name of Employee Date: _____

Employee Number Site Location Type Leave

_____ and through _____
Date of Absence Time Date Time

To Be Completed By Payroll Department % of Day Absent _____ Classification Code _____

APPROVED:

Superintendent

(If request for Annual Leave, this form is to be submitted in duplicate prior to date leave is to begin. If Sick Leave Report, this form is to be submitted in duplicate on date of return to work.) After completion, one copy is to be filled in attendance records and one copy returned to employee.