THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA SPECIAL LEAVE REQUEST FORM

ALL COPIES OF THIS FORM MUST BE SUBMITTED BY
THE WORKSITE PAYROLL SECRETARY TO THE ADMINISTRATIVE CENTER RECEPTIONIST

PLEASE TYPE OR PRINT IN INK

		Nai	me						
EMPLOYEE ID NUM	BER			LAST		FIRST		MI.	
Position				Worksite _					
Leave Beginning	UR MONTH	DAY	YEAR	Leave End	ding Hour	MONTH	DAY	YEAR	_
I hereby request									
	Sur Pre ☐ ILL	perinten sident) NESS II	dent or de	esignee as a	days notifica rranged by the / – TEN DAYs s statement)	e Associatio	n		
				/					
Employee's Signature				1	Date				
Principal/Administrator	Signature			<u> </u>	Date				
☐ Approved	d	oroved	Reaso	n					
				Boa	ard Approved	Date			
White: Payroll									
White: Payroll Yellow: Worksite Pink: Employee Gold: Personnel File o	r Risk Mgmt. Fil	κ Mgmt. File			nt/Designee Sig	nature			
				Date					

An Equal Opportunity Agency

FC-120-1144 (Rev. 02/12/08)