

1111 Superior Avenue E, Suite 1800, Cleveland, OH 44114

APPLICATION FOR SPECIAL PRIVILEGE LEAVE

A total of three (3) days per school year is the maximum that may be allowed for special privilege leave.

All applications are to be submitted in advance of the requested leave date(s).

In case of emergency, applications are to be submitted within five days after the date(s) of absence.

Employee's Name				Date of Application	
Employee ID#		Position		School/Department	
				Lincoln-West Science + Health	
Total Days/Hours of Absence First			Day	Last Day	
Please check	reaso	on:			
	1.	Religious holy days not included in the school calendar			
	2.	Compulsory court appearance (substantiated)			
	3.	Marriage in the immediate family (circle relationship): self, son, daughter, brother, sister, mother, father, member of immediate family			
	4.	College graduation (circle relationship): self, son, daughter, brother, sister, mother, father, member of immediate family			
	5.	School related conference for employee's child			
	6.	Paternity			
	7.	Taking an employee's child to or picking an employee's child up from college			
	8.	Clearly specified Family Emergency (Explain in detail on the back of form).			
	9.	Unspecified			
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Signature of Employee			Sign	ature of Principal/Supervisor	