## **Chance of a Lifetime Leave Request Form**

This form should be completed by the employee and given to the immediate supervisor. The immediate supervisor will review and forward to the Human Resources Office for final approval. **Note:** The employee should only fill out Section I. The reason for requesting a Chance of a Lifetime Leave must be specific.

Section I - EMPLO	YEE TO COMPLETE - Request Inf	ormation		
Name:		Building:		
Today's Date:		Leave Date(s):		
Specific Reason fo	Request:			
•	•			
will not be eligible	in accordance with Board Policy 42 to use this type of leave for two (2 um of five (5) days) will be unpaid o	) years. I understa		
Your Signature:				
Cumaminanta Ciam	-t			
Supervisor's Sign	ature:			
Section II - HR DEPARTMENT TO COMPLETE - Criteria Checklist			YES	NO
1. Appropriate numb	er of days			
<ol><li>Without cost to Di</li></ol>	strict			
<ol><li>Approval of imme</li></ol>				
4. Submitted by the	tenth work day of school semester (time	permitting)		
	s days prior to/following opening/closing	of any school year		
<ol><li>Does not involve t</li></ol>	he first or last 5 work days of semester			
7. Suitable substitute	e available			
Please note, in accorda such leave for two (2) y	nce with Board Policy 4252, following the appears.	proval of such leave, emp	oloyee will not be	eligible for
Approved:				
	Director of Administrative and Human Ser	vices	Date	_
Denied:				
	Director of Administrative and Human Ser	vices	Date	
Reason Denied:				
-				