

Rockville Day Care Association, Inc.
Leave Request

Today's date: _____

Name: _____

Center: _____

Regular Scheduled Hours: _____

Hours and Dates of Leave Requested: _____

Type of Leave Requested: Annual, Sick, Leave
Without Pay (Per Dir.), Comp. (Admin. Staff):

Substitutes: _____

Date received by Director/Executive Director:

Approved by: _____

*From the Rockville Day Care Staff Manual pg. 72 - Requests for one (1) or two (2) days of annual leave should be made at least one week in advance. Requests for three (3) days or more of annual leave should be made at least one (1) month in advance, except at the discretion of the Executive Director. Requests for three (3) or more consecutive weeks of leave should be approved by the Executive Director. Sick Leave pg. 74. A note from the attending physician, or dentist, may be required for absenteeism that exceeds three (3) working days. The note should include a statement that the employee was seen and treated as necessary and is cleared of communicable disease and eligible to return to work. Any work restrictions should be noted, including the period of time that restrictions apply.

Please attach to employee time sheet during the pay date that the requested leave was taken

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