

Cornerstone Charter Academy
VACATION/SICK/LEAVE REQUEST FORM

Employee Name _____ SS# _____

Job Title _____ Department _____

TO BE COMPLETED BY EMPLOYEE:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Personal Day |
| <input type="checkbox"/> Sick Day | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> FMLA | <input type="checkbox"/> Workshop (Form must be attached) |

Date(s) Requested:

I understand that any outstanding balance for wages advanced from un-accrued PTO or sick time will be deducted from my paycheck.

Personal/Sick time must be used in half day or full day increments

Employee Signature _____ Date _____

TO BE COMPLETED BY PRINCIPAL: Approved Denied

Principal _____ Date _____

To be completed by HR

Total number of days requested _____

Total number of paid days _____

Total number of unpaid days _____

HR _____ Date _____