

**North Pike School District  
1036 Jaguar Trail  
Summit, MS 39666**

Extended Leave Request Form  
**(Use for Leave that employee  
anticipates will be more than three days)**

Name: \_\_\_\_\_

Date(s) of Anticipated Leave: \_\_\_\_\_

Please check the appropriate space below:

\_\_\_\_\_ Absence due to my own health

\_\_\_\_\_ Absence due to the birth or adoption of a child

\_\_\_\_\_ Absence due to the health of a parent

\_\_\_\_\_ Absence due to the health of a child

\_\_\_\_\_ Absence due to personal reasons

\_\_\_\_\_ Absence due to other than listed above (provide explanation)

Anyone requesting leave which is anticipated to be more than three days must complete this form and have it approved by their supervisor in advance of leave if at all possible.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

For Payroll Verification and Notes Only: