

South Central Child Development, Inc.
401 Walnut St SW
Wagner SD 57380

LEAVE FORM
(Teacher Assistants/Tutors)

Position _____ Month _____

Date of Request _____

I request:

- A. Annual Leave _____
- B. Personal Leave _____
- C. Sick Leave _____
- D. Administrative Leave _____
- E. Other (*specify*) _____

Date(s) leave to be taken _____

Employee's Signature _____

Supervisor's Signature _____ Date _____

Area Manager's Signature _____ Date _____

Authorized Signature _____

Title _____ Date _____

Fiscal Officer _____

Attention Program Director: Submit to Fiscal Office after authorizing for staff.

Attention Fiscal Officer: Attach to employee attendance record after signature.