

APPENDIX D

VALLEY VIEW COMMUNITY UNIT SCHOOL DISTRICT 365U

RELIGIOUS HOLIDAYS OR OBSERVANCES LEAVE APPLICATION FORM

Please complete and submit this form in TRIPLICATE. One copy will be filed with the appropriate administrator, one copy will be returned to the employee and one copy will be returned to the District Office.

Employees shall be granted leave days, without loss of salary or deduction from other leave days for required observance of a recognized religious denomination when such observance is not possible outside of working hours.

The appropriate administrator shall be notified by this application form five (5) days prior to the anticipated religious holiday(s) or observance(s) leave.

I request religious holiday or observance leave of _____ day(s) _____.
(Number) (Month) (Day)

Employee Requesting leave: _____
(Employee's Signature)

(Date of Application)

COMMENTS: _____

(Date)

(Administrator's Signature)

(Date)

(Superintendent or Delegated Representative's Signature)