



Rib Lake School District

REQUEST FOR COMPASSIONATE LEAVE DAYS

Last Name

First Name

Date

Position: _____

Leave Balance at the beginning of school year: _____ Leave Balance as of today's date: _____

Are you enrolled in a short term disability insurance plan? Yes _____ No _____

Reason for requesting Compassionate Leave Days: _____

I give my permission to use my name when the request for donated sick leave is made to district staff

- Yes
- No

I have attached the Attending Physicians Statement Form to this request or it is being sent to the Rib Lake School District Office.

I have used all my available leave days (vacation, personal and/or sick time). If all days have not been used, please explain on the back of this request or on a separate sheet of paper.

Employee Signature

Date