

Personal Leave Request



South Williamsport Area School District
515 West Central Ave.
South Williamsport, PA
17702

Phone: 570-327-1581
Fax: 570-326-0641
www.swasd.org

Employee Name:	
Association	
School	
Supervisor	
Date Submitted	

Please submit request 3 days prior to leave date

Leave Day Requested

Personal days used to date

Additional comments if necessary.	
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Signature of Employee

Signature of Supervisor

ADMINISTRATIVE USE ONLY	
Approved	<input type="text"/>
Job Number	<input type="text"/>
Denied	<input type="text"/>
Reason for Denial	
<input type="text"/>	