



**MID-STATE SPECIAL EDUCATION**  
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**STRONGER TOGETHER SUPPORTING ALL STUDENTS**

## **Leave Request Form-Thrive**

**Name** \_\_\_\_\_

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

**Type of Leave:**

- ☐ Personal Day (can be taken in  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or whole days)
- ☐ Sick Day (can be taken in 15 minute increments (i.e. 45 minutes, 1 hour 30 minutes, 6 hours 15 minutes, etc.)
- ☐ Unpaid Leave of Absence
- ☐ Jury Duty

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Building Administrator Approval:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Coverage is arranged:** ☐ Yes ☐ No

**Comments:** \_\_\_\_\_

**Director Approval:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ Approved ☐ Not Approved

**Comments:** \_\_\_\_\_