

FRIENDS HELPING FRIENDS

EMPLOYEE REQUEST FORM

PLEASE PRINT

Last Name _____ First Name _____

Campus _____ Last 4 Digits of SS # _____

Reason for Request: _____

Accumulated last day used: _____

Number of Days Requested _____

I will have been docked 2 days on: _____
1st day docked 2nd day docked

If this illness is covered by Workers' Compensation insurance, I will not be eligible for *Friends Helping Friends*.

Date Leave Begins _____

Employee Signature

Date of Request

Principal Signature

Date

It is understood that *Friends Helping Friends* is a donor program based on good will. Neither the campus representative, donors, nor the school district is responsible for providing any or all of the days requested.