School Visitation Form



IL DEPARTMENT OF LABOR

Fair Labor Standards Division Compliance Processing Section 115 S. LaSalle St., 37th Fl. Chicago, IL 60603 Tel # (312) 793-2804 Fax # (312) 814-1210

For Office Use Only						

Please print or type all information.

Illinois School Visitation Rights Act (820 ILCS 147/30)							
This form is suggested to document and verify leave taken under the above Act. This leave is for an employee to "attend necessary educational or behavioral" conferences at the school attended by his or her child. ¹							
Employer Information							
Name of Employer:							
Employee Information							
Name of Employee:							
School Information							
Date of School Conference:							
Exact Time Conference Began:							
Exact Time Conference Ended:							
Name of School:							
School Address:							
City:		State:	Zip Code:				
School Administrator's Name:							
School Telephone Number:							
School Administrator Signature:							

 $^{^{1}}$ Under the Act, "child" includes biological, adopted, foster, stepchild of the employee and/or a legal ward of the employee.