IL DEPARTMENT OF LABOR

School Visitation Form



Fair Labor Standards Division Compliance Processing Section 160 North LaSalle, Suite C-1300 Chicago, IL 60601-3150 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.