

PERSONAL LEAVE REQUEST FORM

Name _____ Date _____

PART ONE: TYPE OF LEAVE REQUESTED

- ☐ Personal Leave (Limit of 5 days a Year)
☐ Professional Leave
 ☐ Conference/Clinic Attendance
 ☐ Official Representative of District at Meeting
 ☐ School/District Out-of-Town Visitation
 ☐ BOCES Obligations
 ☐ Other _____
☐ Jury Duty
☐ Doctor's Appointment/Medical Tests
☐ Maternity Leave
☐ Child Care Leave

PART TWO: TIME - DATES - DAY OF WEEK LEAVE REQUESTED

Date of Absence

Length of Absence

☐ Full Day ☐ Half Day

☐ Full Day ☐ Half Day

☐ Full Day ☐ Half Day

(If absence will be for more than three days, please continue on an additional sheet)

PART THREE: NAME & LOCATION OF CONFERENCE/MEETING/APPOINTMENT/ETC.

(For office use only)

PART FIVE: APPROVALS

☐ Recommended ☐ Not Recommended _____
Principal

☐ Approved ☐ Not Approved _____
Superintendent

ADOPTION DATE: April 17, 1996

REVISION DATE: June 7, 2000

REVISION DATE: August 25, 2008