

# New Paltz Central School District

196 Main Street, New Paltz, New York 12561 • Tel. (845)256-4020 • Fax (845)256-4025

## LEAVE REQUEST

ALL REQUESTS ARE TO BE SUBMITTED IN ADVANCE FOR SCHEDULED SICK LEAVE, VACATION, PERSONAL, JURY DUTY AND SCREENINGS. ALL UNSCHEDULED REQUESTS (SUCH AS SICK LEAVE) MUST BE MADE UPON RETURN TO WORK. ANY REVISIONS MUST BE MADE ON THE ORIGINAL AND RESUBMITTED WITH THE CHANGE STATED.

NAME \_\_\_\_\_

DATE(S) REQUESTED \_\_\_\_\_

NUMBER OF DAYS REQUESTED \_\_\_\_\_

SCHOOL/BUILDING \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

BARGAINING UNIT \_\_\_\_\_

### REVISION OF DATES REQUESTED

Revised Date(s) \_\_\_\_\_

Number of Days \_\_\_\_\_

Date Resubmitted \_\_\_\_\_

Initials of Employee \_\_\_\_\_

Business Office Initials \_\_\_\_\_

CIRCLE THE REASON FOR YOUR ABSENCE BELOW AND WHERE NECESSARY PROVIDE AN EXPLANATION.

VACATION      JURY DUTY      SICK: SELF      SICK: FAMILY \_\_\_\_\_      SCREENING  
(RELATIONSHIP)      (BREAST/PROSTATE)

PERSONAL LEAVE \_\_\_\_\_  
(EXPLAIN)

BEREAVEMENT \_\_\_\_\_  
(PROVIDE RELATIONSHIP)

EMERGENCY LEAVE: \_\_\_\_\_  
(EXPLAIN)

OTHER \_\_\_\_\_  
(EXPLAIN)

SIGNATURE OF EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_  
(REQUIRED)

### ACKNOWLEDGEMENT OF SUPERVISOR

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### ACTION BY BUSINESS OFFICE – CIRCLE AS APPROPRIATE

TIME AVAILABLE      NOT AVAILABLE      INITIALS \_\_\_\_\_      DATE \_\_\_\_\_

### ACTION BY SUPERINTENDENT OR DESIGNEE – CIRCLE AS APPROPRIATE

APPROVED      NOT APPROVED      SIGNATURE \_\_\_\_\_      DATE \_\_\_\_\_