

GENESEE VALLEY CENTRAL SCHOOL EMPLOYEE LEAVE REQUEST FORM

PLEASE SUBMIT THIS REQUEST TO LINDA WARNER, WELCOME DESK

EMPLOYEE NAME: _____ TODAY'S DATE: _____

DATE(S) OF ABSENCE: _____

____ Full Day ____ A.M. Only ____ P.M. Only ____ Quarter A.M. ____ Quarter P.M.

TYPE OF LEAVE:

____ Sick Leave	____ Bereavement (specify relative) _____
____ Family Sick Leave	____ Unpaid Leave
____ Personal Day	____ Conference (also submit conf. request)
____ Vacation	____ In House Curriculum/Workshop
____ Other (Specify) _____	____ Jury Duty (submit copy of summons)
	____ Field Trip (specify) _____

SUBSTITUTE REQUIRED? ____ Yes ____ No _____ Preference

Additional Comments (if necessary): _____

Employee Signature: _____

OFFICE USE ONLY:

Sufficient Time Accumulated? Yes _____ No _____

Approved by Immediate Supervisor: _____ Date _____

Approved by Superintendent: _____ Date _____

Copies: _____ Employee (E. Ostrander)
 _____ Posted Absence - (L. Warner)
 _____ Business Office (if applicable)