

GUILDERLAND Central School District

REQUEST FOR PERSONAL, SICK & VACATION LEAVE- SALARIED STAFF

NAME: _____	LOCATION: _____	DATE OF REQUEST: _____
SS#: XXX-XX-____	POSITION: _____	
UNIT: _____	_____ <i>Administrators' Association</i>	
_____	_____ <i>Principals' & Director for PPS Unit</i>	
_____	_____ <i>Non-Instructional Supervisors/ Other Management Personnel</i>	
_____	_____ <i>Technology Personnel</i>	
_____	_____ <i>District Office Confidential Personnel</i>	
_____	_____ <i>District Office Administrators</i>	

All employees are reminded to check the specific language in their contract for acceptable use of various leave provisions.

PERSONAL LEAVE: I request personal leave on:
Date(s) _____
(Personal Leave in units as per contract)

Check Reason:

___ **Bereavement: Not immediate family:** Friends and/or family other than listed below.

___ **Bereavement: Immediate family:** To include spouse, sons or daughters and parents and brothers or sisters of both spouses. Others included are grandparents of both spouses, nieces or nephews, aunts or uncles, foster parents, foster children and grandchildren.

___ **Serious illness in immediate family** defined as residing in immediate household.

___ **Religious observance** _____

___ **Legal business and/or court action**

___ **Emergency business affairs** which can be conducted only during the regular work day.

___ **Sensitive in nature**, therefore I shall give an explanation to the Superintendent or his/her designee, if so requested.

SICK LEAVE: I request sick leave for personal illness on:
Date(s): _____
(Sick Leave in units as per contract)

VACATION: I hereby request vacation on:
Date(s): _____
(Vacation in units as per contract.)

Recommended *Not Recommended*

Supervisor/Principal/Superintendent/Asst.Supt.

JURY DUTY:
I request leave and will submit jury duty voucher(s) for:
Date(s) _____

PROFESSIONAL LEAVE:
Required as an elected delegate/official or attending/presenting at national/state/regional professional conferences. I request leave for professional day(s) on:
Date(s): _____

*****Note:** Pre-approval for attendance and expenses for conferences is required on *My Learning Plan*. ***

*** FOR OFFICE USE ONLY***

# Vacation Days Earned	
# Vacation Days used	
# Vacation Days Requested	
BALANCE	
# Personal Days Earned	
# Personal Days Used	
# Personal Days Requested	
BALANCE	

Approved

Not Approved

With Pay

Without Pay

Superintendent or Designee