

GUILDERLAND Central School District
REQUEST FOR SICK/PERSONAL/VACATION LEAVE

School Year: _____

Employee Name: _____ Date of Request: _____ Daily Base Hrs _____

SS#: XXX-XX-____ Building: (AES GES LES PBE WES FMS GHS TRN MNT DO)
 (Circle one: Where your mail is received)

Please check your unit and fill in your position title:

- Teaching Assistant Association (GTAA) ... Title: _____
- Guilderland Office Workers' Association (GOWA) ... Title: _____
- Guilderland Employees' Association (GEA) ... Title: _____
- Guilderland Support Staff Association (GSSA) ... Title: _____

Date Stamp

All employees are reminded to check the specific language in their contract for acceptable use of various leave provisions. A personal leave day shall not be granted for the day preceding or the day following holidays or school recesses except at the discretion of the Superintendent or designee, in which case, the reason for the requested leave must be specified in advance.

SICK LEAVE:

Date(s): _____ Time From: _____ to _____ Family Illness: _____ (Relationship)
 (GTAA/GSSA)

PERSONAL LEAVE:

Date(s): _____ Time From: _____ to _____ Date(s): _____ Time From: _____ to _____

_____ **Cancer screening:** Prostate, Breast Cancer (up to 4 hours per year no charge to time **with documentation.**)

_____ **Family Illness:** Relationship: _____ (GEA/GOWA)

_____ **Business or other personal:** Reason : _____ (if required)

_____ Sensitive in nature, therefore I shall give an explanation to the Superintendent or designee.

_____ **Bereavement: Immediate Family & other members of the family:** Relationship: _____ †

_____ **Bereavement:** Close friend (GEA)

_____ **Legal Business/Court Action/Witness or Party in Court**

_____ **Religious Observance:** _____

_____ **Jury Duty** (Court certification required for each day.)

_____ **Military Duty** (Military orders required.)

_____ **Association Business** (Association President or designee [officer])

VACATION Request:

Only those employees eligible for vacation may request it.

I hereby request _____ unassigned time (**11 month GOWA only**)

_____ vacation

Date(s): _____

*** FOR OFFICE USE ONLY***

Vacation Days Earned _____

Vacation Days Used _____

Vacation Days Requested _____

BALANCE _____

Notes:

*** FOR OFFICE USE ONLY***

Personal Hrs./Days Earned _____

Personal Hrs./Days Used _____

Personal Hrs./Days Requested _____

BALANCE _____

Recommended Not Recommended

Supervisor/Principal

Approved Not Approved

With Pay Without Pay

Superintendent or Designee