

**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])

\*\*\* FOR OFFICE USE ONLY\*\*\*

# Personal Hrs./Days Earned	_____
# Personal Hrs./Days Used	_____
# Personal Hrs./Days Requested	_____
<b>BALANCE</b>	_____

**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	_____
<b>BALANCE</b>	_____

Recommended       Not Recommended

\_\_\_\_\_  
*Supervisor/Principal*

Approved       Not Approved

With Pay       Without Pay

\_\_\_\_\_  
*Superintendent or Designee*

Notes: