



MONOMOY REGIONAL SCHOOL DISTRICT EMPLOYEE LEAVE REQUEST

(Please use ballpoint pen)

NAME _____ POSITION _____

SCHOOL _____ TODAY'S DATE _____

Indicate specific date(s) and/or period(s) that require coverage: _____

TYPE OF LEAVE REQUESTED (check one):

____ School Business

____ Illness

____ Personal

____ Bereavement

____ Professional

____ Jury Duty

____ Vacation

____ Leave Without Pay

____ Other (specify) _____

ACTION REQUIRED BY:

Principal for school personnel;
Superintendent for Central Office personnel.

Substitute Needed:
<input type="checkbox"/> Yes <input type="checkbox"/> No

Superintendent

Superintendent

TO BE FILLED OUT BY ALL PERSONNEL

Reason for request, where applicable. Attach any supporting data, including brochures, pamphlets or correspondence: _____

Signature _____

DO NOT WRITE IN SPACE BELOW

Principal Action:

____ Approved ____ Not Approved

Signature _____

Date _____

Superintendent Action:

____ Approved ____ Not Approved

Signature _____

Date _____