

CARVER PUBLIC SCHOOLS

REQUEST FOR LEAVE

Whenever possible, this form should be submitted at least two days prior to leaves of absence. If you have any questions regarding requests for time off, please refer to your working conditions.

Date Submitted _____

Name _____ Position _____

Date(s) of Leave _____

Paid Leave ☐

Unpaid Leave ☐

Reason:

_____ Bereavement (Use this form if you know in advance if you will be out for any length of time).

_____ Business /Personal (Personal time off will be changed to Business Leave as of 7/1/00).

_____ Family or Personal Illness (Please circle one).

_____ Vacation or Non Work (Please circle one).

_____ Professional Development – Details:

_____ Other (Please explain, use back if necessary): _____

For Office Use

APPROVED ☐

NOT APPROVED ☐

Signed _____ Date _____

Principal or Director

APPROVED ☐

NOT APPROVED ☐

Signed _____ Date _____

☐ Asst. Superintendent of Schools

☐ Superintendent of Schools

Copy to: Person requesting leave
Director or Principal
Business Office

09/01/05 agm

