MARTHA’S VINEYARD PUBLIC SCHOOLS

LEAVE REQUEST

EMPLOYEE’S NAME: ____________________________________________________

SCHOOL: ____________________________________________________________

DAY(S) REQUESTED: __________________________________________________

REASON FOR LEAVE:

____ PERSONAL (CHECK ONE) □ LEGAL □ FAMILY □ BUSINESS □ RELIGIOUS □ OTHER

____ DEATH IN FAMILY ==> RELATIONSHIP TO EMPLOYEE ______________________

____ MEDICAL (SICK DAY)

____ FAMILY ILLNESS

____ JURY DUTY

____ VACATION TIME

____ PROFESSIONAL (ON DUTY) DAY (SPECIFIC PURPOSE AND WHERE HELD)

____________________________________________________________________

____________________________________________________________________

____________________________________ EMPLOYEE SIGNATURE

____________________________________ SUPERVISOR

____________________________________ PRINCIPAL

____________________________________ ADMINISTRATIVE ASSISTANT TO THE SUPERINTENDENT FOR BUSINESS AFFAIRS

____________________________________ SUPERINTENDENT

APPROVED WITH PAY □

APPROVED WITHOUT PAY □

NOT APPROVED □

SUBSTITUTE NEEDED?

□ YES   ____ Please call a substitute

□ NO   ____ My assistant will be my sub

DATE SUBMITTED: __________________________

Revised April 2007