

Colton-Pierrepoint Central School Employee Leave Request Form

Please use an "x" in the appropriate column below to indicate the type of leave you are requesting.

<i>Leave Type</i>	<i>Description of Leave and Instructions</i>	<i>Leave Date(s)</i>	<i>AM</i>	<i>PM</i>	<i>Full Day</i>
Personal Leave	This request must be made in writing at least 48 hours prior to the day(s) for which leave is requested. In emergency situations, the time limit may be waived; but a reason my need to be given for the short notice.				
Sick Leave	This includes personal sickness, doctor or dental appointments that cannot be scheduled after contractual school hours.				
Family Sick Leave	This includes sickness of immediate family members requiring your care of family doctor or dental appointments that require your presence and cannot be scheduled after contractual school hours.				
Death in Family	This includes death of immediate family members. No time is taken from your accumulated time for this.				
Jury Duty	No time is taken from your accumulated time for this.				
Professional/ Conference/ Workshop	Title of Event: Sponsored by: Cost to district: (Fill out Transportation Request if needed)				
Vacation Leave	Time taken from accumulated time (full-time employees)				

Employee's Signature

Date Request Placed

Administrator Signature

Approval Date