



**CUSTODIAL / MAINTENANCE / GROUNDS / FOOD SERVICE**

**LEAVE REQUEST**

Name \_\_\_\_\_ Building \_\_\_\_\_

Department \_\_\_\_\_

**Type of Leave Requested:**

Sick Leave \_\_\_\_\_ # of hours \_\_\_\_\_  
Annual Leave \_\_\_\_\_ # of hours \_\_\_\_\_  
Personal Leave \_\_\_\_\_ # of hours \_\_\_\_\_  
Bereavement Leave \_\_\_\_\_ # of hours \_\_\_\_\_

**Period of Leave Requested:**

From: Date \_\_\_\_\_ date to return to work \_\_\_\_\_

*(Remember to enter your leave dates on your monthly calendar)*

Requestor's \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Supervisor's \_\_\_\_\_

Signature \_\_\_\_\_

Recommend Approval \_\_\_\_\_

Recommend Disapproval for the requested dates \_\_\_\_\_ (please request alternate dates)

No sub needed \_\_\_\_\_ Sub necessary \_\_\_\_\_ Hours needing sub \_\_\_\_\_

\_\_\_\_\_ (Example: 3:00 p.m. – 6:00 p.m.) Superintendent or Designee

\_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Dr. Christine Moloney  
Superintendent

Dr. Brian Fox  
Assistant Superintendent

Heather C. Pinkerton  
Director of Business and Operations