

Ashburnham-Westminster Regional School District

LEAVE REQUEST FORM ***(VACATION/PERSONAL/SICK/BEREAVEMENT)***

DATE: _____

EMPLOYEE: _____

SCHOOL: _____

TYPE OF LEAVE AND DATES REQUESTED:

VACATION LEAVE: *Start Date: _____ **End Date: _____

PERSONAL DAY: *Start Date: _____ **End Date: _____

SICK LEAVE: *Start Date: _____ **End Date: _____

BEREAVEMENT LEAVE: *Start Date: _____ **End Date: _____
(Relationship: _____)

PROFESSIONAL DAY: *Start Date: _____ **End Date: _____

JURY DUTY: *Start Date: _____ **End Date: _____

TOTAL NUMBER OF DAYS: _____

EMPLOYEE SIGNATURE: _____

APPROVED PLEASE CALL ME

SIGNATURE: _____

***START DATE** includes the first day of your leave

****END DATE** includes the last day of your leave

For Principals & Assistant Principals please print the form and send to the Superintendent for approval.

For all other employees please print the form and send to the building Principal for approval and a copy to Payroll.