

REGIONAL SCHOOL DISTRICT NO. 14 – BETHLEHEM AND WOODBURY, CT.
Authorized Leave of Absence Request

CATEGORY: (Check One)

Administrator Nurse
 Teacher Custodian
 Paraprofessional Title 1
 Secretary Cafeteria
 Other _____

SCHOOL: (Check One)

BES
 MES
 WMS
 NHS
 OTHER: _____

Name _____

Date: _____

REASON FOR REQUEST (unless exempt by contract or agreement)

Type of Leave (check only one)

- | | |
|---|---|
| <input type="checkbox"/> Personal Day Leave | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Special Purpose (as per contract) | <input type="checkbox"/> Vacation Leave |
| <input type="checkbox"/> Bereavement (as per contract) | <input type="checkbox"/> Unpaid Leave |
| <input type="checkbox"/> Floating Holiday (as per contract) | <input type="checkbox"/> Field Trip |

LEAVE OF ABSENCE IS NOT COMPLETE UNTIL SUBFINDER IS NOTIFIED

Professional Development Request Form should be used when requesting Professional Day(s)

Leave Dates: _____

Number of Days Requested: _____

Signature of Person Making Request: _____ Date: _____

Supervisor Action

- Approved Disapproved (provide reasons on a separate attachment)
- Signature of Supervisor: _____ Date: _____

Central Office Action

- Approved Disapproved (provide reasons and attach) Date: _____
- Posted by: _____

*Signature of Superintendent

***INSTRUCTIONS:** Submit form to your immediate supervisor for initial approval before subsequent approval by the Superintendent or Director of Curriculum & Instruction.