



**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

Trisha Smith
Assistant Superintendent

Heather C. Pinkerton
Chief Financial Officer