

Leave Request

Centerville-Abington Community Schools

Instructions to Applicant

1. Complete ALL requested information
2. Submit ALL COPIES of Leave Request Form to Principal's office.
3. Be sure to **sign and date** the request.

Employee's Name: _____

Position: _____

Building & Assignment: _____

Date of Application: _____ Total Days Requested: _____

Date(s) of leave: _____

Sick Leave/Family Illness: (Sub, Dates, #Days) _____

Personal: (Sub, Dates, # Days) _____
#of Personal days you have remaining after this request _____

Bereavement: (Sub, Dates, # Days) _____
Relationship _____

Jury Duty: (Sub, Dates, # Days) _____

Other: (Sub, Dates, # Days) _____

PLEASE NOTE: No more than 2 personal days can be used preceding or following a scheduled school break. (Article III,A,1,c)
Sick days CANNOT be used as personal days.

Reason for Request or Comments:

I hereby request this leave subject to the terms and conditions described and in accordance with the master contract. (If applicable)

Employee Signature

Date

Principal's Recommendation:

Approve _____ Disapprove _____

Principal's Signature

Date

Superintendent's Recommendation:

Approve _____ Disapprove _____

Superintendent's Signature

Date