

DATE SUBMITTED: _____

MARTHA'S VINEYARD PUBLIC SCHOOLS

LEAVE REQUEST

EMPLOYEE'S NAME: _____

SCHOOL: _____

DAY(S) REQUESTED: _____

REASON FOR LEAVE:

_____ PERSONAL (CHECK ONE) LEGAL FAMILY BUSINESS RELIGIOUS OTHER

_____ DEATH IN FAMILY  **RELATIONSHIP TO EMPLOYEE** _____

_____ MEDICAL (SICK DAY)

_____ FAMILY ILLNESS

_____ JURY DUTY

_____ VACATION TIME

_____ PROFESSIONAL (ON DUTY) DAY (SPECIFIC PURPOSE AND WHERE HELD)

| | |
|-----------------------------|--------------------------|
| APPROVED WITH PAY | <input type="checkbox"/> |
| APPROVED WITHOUT PAY | <input type="checkbox"/> |
| NOT APPROVED | <input type="checkbox"/> |

EMPLOYEE SIGNATURE

SUPERVISOR

PRINCIPAL

ADMINISTRATIVE ASSISTANT TO THE SUPERINTENDENT
FOR BUSINESS AFFAIRS

SUPERINTENDENT



| | |
|-------------------------------------|--|
| SUBSTITUTE NEEDED? | |
| <input type="checkbox"/> YES | _____ <i>Please call a substitute</i> |
| | _____ <i>My assistant will be my sub</i> |
| <input type="checkbox"/> NO | |