

# Sandwich Public Schools

## Leave Request Form for Administrators, Secretaries and Custodians



Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

School: \_\_\_\_\_

Department: \_\_\_\_\_

| Leave Type   | Start Date | End Date | No. Days | Hrs. with Pay if applicable | Hrs. w/o Pay if applicable |
|--------------|------------|----------|----------|-----------------------------|----------------------------|
|              |            |          |          |                             |                            |
|              |            |          |          |                             |                            |
|              |            |          |          |                             |                            |
|              |            |          |          |                             |                            |
|              |            |          |          |                             |                            |
|              |            |          |          |                             |                            |
| <b>Total</b> |            |          |          |                             |                            |

*If leave request is for Jury Duty, please attach copy of notice or order.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: Principal/Administrator \_\_\_\_\_

Not Approved By: Principal/Administrator \_\_\_\_\_

Please submit this form to the Superintendent of Schools **no later than one (1) week in advance of Vacation Time requested, and at least twenty-four (24) hours, if possible, for a Personal Day.**

Approved By: Superintendent/School Committee Chair \_\_\_\_\_

Not Approved By: Superintendent/School Committee Chair \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

After approval, Original will be given to Payroll. Copy will be sent to employee.