

# GUILDERLAND Central School District

## REQUEST FOR PERSONAL, SICK & VACATION LEAVE- SALARIED STAFF

**NAME:**  Linda Livingston      **LOCATION:**  District Office      **DATE OF REQUEST:**  12/1/17  
**SS#:** XXX-XX-  8 4 5 5      **POSITION:**  Secretary II  
**UNIT:**     Administrators' Association                       Principals' & Director for PPS Unit  
               Non-Instructional Supervisors/ Other Management Personnel                       Technology Personnel  
               District Office Confidential Personnel                       District Office Administrators

**All employees are reminded to check the specific language in their contract for acceptable use of various leave provisions.**

**PERSONAL LEAVE:** I request personal leave on:  
Date(s) \_\_\_\_\_  
(Personal Leave in units as per contract)

**Check Reason:**

**Bereavement: Not immediate family:** Friends and/or family other than listed below.

**Bereavement: Immediate family:** To include spouse, sons or daughters and parents and brothers or sisters of both spouses. Others included are grandparents of both spouses, nieces or nephews, aunts or uncles, foster parents, foster children and grandchildren.

**Serious illness in immediate family** defined as residing in immediate household.

**Religious observance** \_\_\_\_\_

**Legal business and/or court action**

**Emergency business affairs** which can be conducted only during the regular work day.

**Sensitive in nature**, therefore I shall give an explanation to the Superintendent or his/her designee, if so requested.

**SICK LEAVE:** I request sick leave for personal illness on:  
Date(s): \_\_\_\_\_  
(Sick Leave in units as per contract)

**VACATION:** I hereby request vacation on:  
Date(s): \_\_\_\_\_  
(Vacation in units as per contract.)

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**Recommended**       **Not Recommended**

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\_\_\_\_\_  
Supervisor/Principal/Superintendent/Asst.Supt.

**JURY DUTY:**  
I request leave and will submit jury duty voucher(s) for:  
Date(s) \_\_\_\_\_

**PROFESSIONAL LEAVE:**  
Required as an elected delegate/official or attending/presenting at national/state/regional professional conferences. I request leave for professional day(s) on:  
Date(s): \_\_\_\_\_

\*\*\***Note:** Pre-approval for attendance and expenses for conferences is required on My Learning Plan. \*\*\*

\*\*\* FOR OFFICE USE ONLY\*\*\*

# Vacation Days Earned	_____
# Vacation Days used	_____
# Vacation Days Requested	_____
<b>BALANCE</b>	_____
# Personal Days Earned	_____
# Personal Days Used	_____
# Personal Days Requested	_____
<b>BALANCE</b>	_____

- Approved
- With Pay

- Not Approved
- Without Pay

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Superintendent or Designee