

# NEWFIELD CENTRAL SCHOOL DISTRICT EMPLOYEE LEAVE REQUEST

*This request **MUST** be sent to the district office **PRIOR** to the date of the requested leave to allow time for processing, except in the case of an emergency. Requests received late are not guaranteed approval.*

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

Date(s) Requested:	Any	Vacation Requests – CSEA Personal Leave - NTA	Personal Leave – CSEA
_____	Check one: <input type="checkbox"/> All Day	<input type="checkbox"/> AM only <input type="checkbox"/> PM only	_____ Hours
_____	Check one: <input type="checkbox"/> All Day	<input type="checkbox"/> AM only <input type="checkbox"/> PM only	_____ Hours
_____	Check one: <input type="checkbox"/> All Day	<input type="checkbox"/> AM only <input type="checkbox"/> PM only	_____ Hours

**Please check the appropriate reason for leave:**

\_\_\_\_\_ Personal Day

\_\_\_\_\_ Vacation Day

\_\_\_\_\_ Sick Time

\_\_\_\_\_ Bereavement Leave  
*Name of Deceased* \_\_\_\_\_  
*Relationship to Employee* \_\_\_\_\_

\_\_\_\_\_ Other (Jury Duty, Cancer Screening)  
*Give Details:* \_\_\_\_\_

**All leaves are granted per the appropriate provisions of the negotiated agreements between the Newfield Central School Teachers’ Association, the CSEA and the Newfield Central School District.**

Employee’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied Reason: \_\_\_\_\_

Superintendent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee’s Copy (Copy 1)    Superintendent (Copy 2)    Business Office (Copy 3)    Supervisor (Copy 4)