

**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 sent late are not guaranteed approval.

Name of Employee: _____

Date(s) Requested:

_____ Check one: ___ All Day ___ AM only ___ PM only ___ Hours

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Please check the appropriate reason for leave:

_____ Personal Day (Reason, if required: _____)

_____ Vacation Day

_____ 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)