

Administrator / Supervisor Absence Request Pittsford Central Schools

Date Submitted:	Name:
Date(s) Requested: <input type="checkbox"/> Half Day <input type="checkbox"/> Whole Day	NO DEDUCTION FROM SICK LEAVE (Check one) <input type="checkbox"/> Religious Observance <input type="checkbox"/> Jury Duty <input type="checkbox"/> Court Subpoena <input type="checkbox"/> Bereavement for Immediate Family Supervisor's Signature: _____
Date(s) Requested: <input type="checkbox"/> Half Day <input type="checkbox"/> Whole Day	DEDUCTION FROM SICK LEAVE (Check One)* <input type="checkbox"/> Bereavement – not Immediate Family <input type="checkbox"/> Wedding – Immediate Family <input type="checkbox"/> College graduation / initial registration <input type="checkbox"/> Birth (father) <input type="checkbox"/> House closing (personal residence) <input type="checkbox"/> Other emergency and necessary leave Supervisor's Signature: _____ * Refer to Contract for allowances for particular leave requests
Date(s) Requested: <input type="checkbox"/> Half Day <input type="checkbox"/> Whole Day	VACATION DAY <input type="checkbox"/> Vacation allowance (12 month employees only)
Date(s) Requested: <input type="checkbox"/> Half Day <input type="checkbox"/> Whole Day	CONFERENCE ATTENDANCE <input type="checkbox"/> Approved Conference Day(s)

Requests for personal or vacation days should be made as far in advance as possible.

Supervisor's Signature _____

Route to Human Resources