

RUTLAND CITY SCHOOLS

REQUEST FOR SHORT TERM LEAVE

NAME: _____

POSITION/LOCATION: _____

DATES (S) LEAVE REQUESTED: _____

REASONS (IF APPROPRIATE): _____

Note: Indicate number of days when checking appropriate leave request.

_____ (S) SICK (Sick, Family Sick, Maternity)

_____ (FT) FIELD TRIP (Only When Sub Needed)

_____ (P) PERSONAL [4]

_____ (IH) IN-HOUSE TRAINING

_____ (N) NON-WORKING (Non-Alg/Admin)

_____ (AC) APPROVED CONFERENCE

_____ (R) PROFESSIONAL DAY [2]

_____ (SB) STANDARDS BOARD

_____ (B) BEREAVEMENT

_____ (SC) STATE REQUIRED CONF./MEETING

_____ (D) LEAVE WITHOUT PAY

_____ (WC) WORKMAN'S COMP

_____ (J) JURY DUTY

_____ (V) VACATION (AFSCME Only)

_____ (C) COMPENSATORY DAY
(AFSCME Only)

_____ (P4) FLOATER (AFSCME Only)

Signature of Employee

ACTION:

_____ Approval _____ Disapproval

Signature of Supervisor

Title

Date

Signature of Superintendent of Schools

When approved, the signature of appropriate supervisor signifies that leave request falls within the intent and conditions of such leave.