

# 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.