

STAFF LEAVE REQUEST FORM

MOUNT GREYLOCK REGIONAL SCHOOL DISTRICT

Name:

Date:

School:

Mount Greylock

Williamstown Elementary

Lanesborough Elementary

Personal Leave –

Date requested: Half Day Full Day (Please Check) or From: to Total:

Sick Leave –

Date requested: Half Day Full Day (Please Check) or From: to Total:
 This time is related to Family Illness

Vacation Time –

(12-month staff only)

Date(s) requested: Total Days Requested: Full Day: Half Day:
AM or PM

Bereavement –

Date(s) requested: Total Days Requested: Full Day: Half Day:
AM or PM

Relationship to Staff:

Other Leave Requests – (i.e. Jury Duty, Religious Observance)

Reason: Dates:

Professional Leave -

Conference

OR

In-House

Is Sub Needed?

Yes

No

Activity / Conference Title: Location: Fee?

Date(s) requested: Total Days Requested: Full Day: Half Day:
AM or PM

****Lodging, Mileage, Registration, and any other associated fees subject to pre-approval.
Please attach copy of pre-approved conference registration.**

To be completed by Sub-Caller –

Name of substitute: On Calendar Teacher Calendar In Summary

Supervisor:

Date:

Request Approved

Request Denied

Return to: District: Stacie Vigiard MG: Nancy McMullen WES: Julia Cellana LES: Ashley Vadnais