



# 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)
- \_\_\_\_\_ (P) PERSONAL [4]
- \_\_\_\_\_ (N) NON-WORKING (Non-Alg)
- \_\_\_\_\_ (R) PROFESSIONAL DAY [2]
- \_\_\_\_\_ (B) BEREAVEMENT
- \_\_\_\_\_ (D) LEAVE WITHOUT PAY
- \_\_\_\_\_ (J) JURY DUTY
- \_\_\_\_\_ (C) COMPENSATORY DAY (AFSCME Only)
- \_\_\_\_\_ (L1) FFCRA Leave
- \_\_\_\_\_ (FT) FIELD TRIP (Only When Sub Needed)
- \_\_\_\_\_ (IH) IN-HOUSE TRAINING
- \_\_\_\_\_ (AC) APPROVED CONFERENCE
- \_\_\_\_\_ (SB) STANDARDS BOARD
- \_\_\_\_\_ (SC) STATE REQUIRED CONF./MEETING
- \_\_\_\_\_ (WC) WORKMAN'S COMP
- \_\_\_\_\_ (V) VACATION (AFSCME Only)
- \_\_\_\_\_ (P4) FLOATER (AFSCME Only)
- \_\_\_\_\_ (L2) FFCRA Leave

\_\_\_\_\_  
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.