OLEAN CITY SCHOOL DISTRICT
410 West Sullivan Street
Olean, NY 14760

ABSENCE REQUEST FOR PROFESSIONAL STAFF

Employee Name:

Leave is requested for the following date(s):

☐ **PERSONAL** – BEFORE OR AFTER A BREAK/HOLIDAY (Section 7.31 (f) – personal leave days are granted for the purpose of conducting legal or personal business affairs that must take place during working hours. **REMINDER: MUST BE PRE-APPROVED BY THE SUPERINTENDENT.**

☐ **SICK/FAMILYSICK** – (Section 7.1 & 7.2)

☐ **OTHER** – (Section 7.31 (b), (c), (e), (g), (h), (i) – ex: Association Time, Jury Duty, Personal Graduation, Visitation Days, Summer Grad Class Session, Emergency Days – please give brief explanation below).

COMMENTS:

DATE: EMPLOYEE SIGNATURE:

DATE: PRINCIPAL/SUPERVISOR APPROVAL:

DATE: ASSISTANT SUPERINTENDENT:

DATE: SUPERINTENDENT SIGNATURE: (If Applicable)

☐ **APPROVAL**

☐ **DENIAL**

SUPERINTENDENT COMMENTS: