CUSTODIANS AUTHORIZED LEAVE OF ABSENCE REQUEST FORM

School (check one):

☐ BES ☐ MES ☐ WMS ☐ NHS ☐ Other _____

Name: _____ Date: _____

Confirmation Number: _____

Reason for Request (unless exempt by contract or agreement): _____

_____

Type of Leave (check one):

☐ Bereavement (as per contract) ☐ Scheduled Sick ☐ Floating Holiday (as per contract) ☐ Jury Duty
☐ Personal Day Leave ☐ Unpaid Leave ☐ Vacation Leave ☐ Other _____

Leave Dates: From: _____ To: _____ Number of Days Requested: _____

Requestor Signature: _____ Date: _____

**No substitute custodian coverage for ½ days

SUPERVISOR ACTION

☐ Approved ☐ Denied (provide reasons on a separate attachment)

Head Custodian Approval: _____ **Date:** _____

CENTRAL OFFICE ACTION

☐ Approved ☐ Denied (provide reasons on a separate attachment) Coverage Calendar: ____

Director of Facilities Approval: _____ Date: _____

Notes:

- Submit form to your immediate supervisor for initial approval before subsequent approval by Central Office.

Revised: 11/5/25