

SALEM SCHOOL  
SALEM, CONNECTICUT

**ADMINISTRATOR**

**LEAVE OF ABSENCE**

**REQUEST**

DATE:

Request should be submitted at least two full days in advance except in case of an emergency.

**Date Requested:**

In accordance with the administrator's terms of employment, the requested date(s) falls into the following category:

\_\_\_\_\_ Personal Day (P)

\_\_\_\_\_ Vacation Day (V)

\_\_\_\_\_ Medical Procedure/Appointment (P) (I)

\_\_\_\_\_ Professional Day (PF)

- Activity \_\_\_\_\_
- Registration Cost (cc: Business Office) \$ \_\_\_\_\_  
(Purchase Requisition attached)

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

jlk

cc: Employee's Supervisor  
J. Kayser, Executive Assistant  
K. Gadaree, Business Manager (PF only)  
Employee