

SALEM SCHOOL  
SALEM, CONNECTICUT

DATE: \_\_\_\_\_

**NON-CERTIFIED STAFF - LEAVE OF ABSENCE****REQUEST FOR TIME OFF**

Request shall be made (2) full days in advance except in cases of emergency.

Name (Print) \_\_\_\_\_

Date Requested \_\_\_\_\_

Please check one of the following:

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

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

\_\_\_\_\_ Jury Duty (J)

\_\_\_\_\_ Bereavement (B)

Relationship: \_\_\_\_\_

\_\_\_\_\_ Other

Reason: \_\_\_\_\_

Employee's Signature \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE OFFICE**-----  
Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Signature \_\_\_\_\_

cc: Employee

jlk