



GROTON-DUNSTABLE REGIONAL SCHOOL DISTRICT

P.O. Box 729 • Groton, MA 01450-0729 • Tel.: 978.448.5505 • Fax: 978.448.9402

Leave Request Form

ALL STAFF MUST SUBMIT REQUEST FOR AUTHORIZED LEAVE AT LEAST TWO (2) DAYS IN ADVANCE, EXCEPT IN THE CASE OF AN EMERGENCY. PLEASE USE ONE FORM PER TYPE OF LEAVE REQUEST.

Name: _____ Today's Date: _____

Position: _____ Building: _____

Requested Leave Dates are granted for a full workday or one-half of a workday.

Please indicate **Full Day, Half Day** (indicate AM or PM)

Date: _____ Full Day _____ Half Day _____ AM ___ PM ___

Date: _____ Full Day _____ Half Day _____ AM ___ PM ___

Date: _____ Full Day _____ Half Day _____ AM ___ PM ___

Date: _____ Full Day _____ Half Day _____ AM ___ PM ___

Date: _____ Full Day _____ Half Day _____ AM ___ PM ___

Date: _____ Full Day _____ Half Day _____ AM ___ PM ___

_____ Substitute Needed _____ No Substitute Needed

Personal Day _____ Jury Duty _____ Religious Day _____ Vacation Day _____

Sick Time _____ Bereavement Day _____ (relationship: _____)

Other _____ (type: _____)

Supervisor's Action: _____ Approved _____ Disapproved

Supervisor's Signature: _____ Date: _____

For Central Office Use Only: _____ Approved _____ Disapproved

Assist. Superintendent's Signature: _____ Date: _____

Notes: _____

