AMHERST CENTRAL SCHOOL DISTRICT

ABSENCE/LEAVE APPLICATION

ALL EMPLOYEES MUST COMPLETE THE FOLLOWING FORM WHENEVER THEY ARE REQUESTING TIME OFF OR ARE ABSENT. PLEASE HAVE YOUR IMMEDIATE SUPERVISOR APPROVE YOUR ABSENCE AND RETURN THIS FORM TO THE SECRETARY IN THE MAIN OFFICE OF YOUR BUILDING OR HEAD CUSTODIAN. IF APPLICABLE, PLEASE MAKE SURE YOUR ABSENCE IS RECORDED ON YOUR TIME SHEET.

NAME: _____

(*Print or Type*)

The undersigned hereby (*check one by double clicking in box*):

☐ Requests leave for the following purpose, and if applicable, requests paid leave for the purpose indicated.

OR

☐ Affirms that the absence/leave taken was for the purpose indicated and, if applicable, requests salary payment for the same.

The absence/leave requested or taken, as the case may be, is/was for the day(s)/period:

		Reason										
Day, Date (mm/dd/yy)	**Hours Away from Workplace**	SICK LEAVE	PERSONAL DAY	BEREAVEMENT	COURT LEAVE	VACATION*	RELIGIOUS HOLIDAY*	CONFERENCE*	WORKSHOP	DISTRICT OBLIGATIONS*	PROFESSIONAL*	RECESS DAYS
e.g. Monday, 5/1/06	*8:00 AM – 11:45 AM*	½										
1.												
2.												
3.												
4.												
5.												

*** These days require prior approval.**

Building (***check one by double clicking in box***):	**DO** ☐	**HS** ☐	**MS** ☐	**SDS** ☐	**WBS** ☐
Employee Signature:				**Date:**	
Supervisor's Approval:				**Date:**	