



Dennis-Yarmouth Regional School District Leave of Absence Request Form

I, _____, request to be absent (or was absent) from my position on: _____
(Name) (Dates)

1. Amount of time requested: _____

2. For the following reason(s): _____

3. If less than a full day, identify start and end of leave: Start: _____ End: _____

REQUIREMENTS (those listed with an *asterisk must be forwarded to the payroll coordinator for approval)

Sick Leave _____ Individual and Collective Bargaining Agreements limit the number of sick days that can be used for the care of a sick family member. Please review the provisions in your respective contract.

Personal Day* Personal leave is for personal matters which are impossible to conduct outside of the employee's work day. Personal leave shall not be used for extending vacations; before or after a holiday; recreational purposes; or for matters associated with another position, business or other financially rewarding enterprises of the employee, close relative or friend.

Professional Day* To voluntarily attend a conference, workshop or other learning endeavor. Please identify the activity and submit a copy of the brochure, announcement, flyer, etc.

Name of activity: _____
Location: _____

Related Business* At the request of your supervisor, attend a conference, workshop or other learning endeavor.

Name of activity: _____
Location: _____

Bereavement* Relationship: _____

Religious Day* Indicate specific holiday: _____

Worker's Compensation* Date of Injury: _____ Claim #: _____

Military Service* Organization/Unit/Assignment: _____

Union Business* Identify activity: _____

Jury Duty* Submit a "Record of Performance Juror Service Employer's Copy"

Other unpaid Leave* State reason: _____

5. The employee certifies this request complies with the requirements of the appropriate bargaining agreement: (please print and sign)

Signature: _____ Date: _____ Position: _____ Bldg: _____

6. Approving Authority:

Dept. Head: ☐ Approved ☐ Disapproved

Signature: _____ Date: _____

Super/Principal/Director: ☐ Approved ☐ Disapproved

Signature: _____ Date: _____