

Upton Schools
Leave Request Form

Name: _____ Date: _____

Number of Day(s) Requested: _____

Check Leave Desired

_____ Accumulated Sick Leave (These are sick days already accumulated or banked.)	Date: _____
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_____ Annual Leave	Date: _____
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_____ Bereavement Leave	Date: _____
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_____ Military Leave	Date: _____
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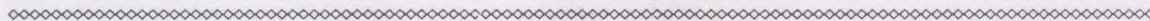
_____ Jury or Citizenship Responsibility Leave	Date: _____
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_____ Leave of Absence Without Pay	Date: _____
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_____ Professional Leave	Date: _____
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(Description of Professional Leave: _____)

_____ Vacation Leave	Date: _____
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_____ Employee's Signature	_____ Date
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_____ Supervisor's Signature	_____ Date
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Substitute: _____