

OLEAN CITY SCHOOL DISTRICT
410 West Sullivan Street
Olean, NY 14760

ABSENCE REQUEST FOR PROFESSIONAL STAFF

Employee Name:

Leave is requested for the
following date(s):

☐ **PERSONAL** – BEFORE OR AFTER A BREAK/HOLIDAY (Section 7.31 (f) – personal leave days are granted for the purpose of conducting legal or personal business affairs that must take place during working hours. **REMINDER: MUST BE PRE-APPROVED BY THE SUPERINTENDENT.**

☐ **OTHER** – (Section 7.31 (b), (c), (e), (g), (h), (i) – ex: Association Time, Jury Duty, Personal Graduation, Visitation Days, Summer Grad Class Session, Emergency Days – please give brief explanation below).

COMMENTS:

DATE:

EMPLOYEE SIGNATURE:

DATE:

PRINCIPAL/SUPERVISOR
APPROVAL:

DATE:

DIRECTOR OF HUMAN
RESOURCES APPROVAL:

DATE:

SUPERINTENDENT SIGNATURE:
(If Applicable) ☐ **APPROVAL**

☐ **DENIAL**

SUPERINTENDENT
COMMENTS:

☐ FMLA Notification provided to employee (if applicable)

FMLA Start Date: