



WYANDANCH UNION FREE SCHOOL DISTRICT

Central Administration Building
1445 Dr. Martin L. King, Jr., Boulevard
Wyandanch, New York 11798-3997

REQUEST FOR LEAVE

Name: _____ Position/ Building: _____

Date(s): From _____ To _____ Total No. of Hours: _____

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Sabbatical | <input type="checkbox"/> *Personal Business | <input type="checkbox"/> Field Trip |
| <input type="checkbox"/> Military Leave | <input type="checkbox"/> Maternity Leave | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Other Leave |
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Extended Sick Leave | <input type="checkbox"/> Bereavement | |
| <input type="checkbox"/> Conference | <input type="checkbox"/> *Visitation | <input type="checkbox"/> ½ Day Cancer Screening | |

**Submit application 2 business days prior to the dated absence*

Comments: _____

<input type="checkbox"/> Approved	Date _____	<input type="checkbox"/> Approved	Date _____
<input type="checkbox"/> Disapproved		<input type="checkbox"/> Disapproved	

Signature _____	Signature _____
Principal/Supervisor	Personnel Administrator

_____	Date of Board Approval _____
Signature of Employee	

Original- Supervisor

Yellow- Personnel

Pink-Employee