

VENTNOR EDUCATIONAL COMMUNITY COMPLEX

Leave Request Form

Please complete this form and forward it appropriately, and in a timely fashion, to apply for the categories of leave listed below. Thank You!

Employee Name _____ Position _____

Date(s) of requested leave: _____

Directions: Please check the type of leave requested.

1. **VACATION (Twelve Month Employees Only).**
2. **PERSONAL LEAVE. Please state reason: _____**
3. **DEATH WITHIN THE IMMEDIATE FAMILY (Father, mother, brother, sister, husband, wife, child, mother-in-law, father-in-law. Every association member shall be granted personal leave, without deduction, of up to five (5) days in case of death within the immediate family).**
4. **FAMILY SICK. Person for whom care was provided:**
 Spouse Child Grandparent
 Parent Sibling In-Law
5. **JURY DUTY. (Any association member serving on a jury shall receive full pay for such time he/she is required to serve on such jury, less that amount paid for the jury service). Please submit documentation.**
6. **PROFESSIONAL DAY REQUEST. (Please state reason and submit this form to the Curriculum Coordinator):**

Employee Signature _____
Date

Principal/Supervisor Signature _____
Date

Superintendent Signature _____
Date

Original: Personnel

Yellow: Employee

Pink: File