

ORLEANS CENTRAL SUPERVISORY UNION  
PERSONAL LEAVE REQUEST

EMPLOYEE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

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I am requesting personal leave for the following day(s): (include day and date)

\_\_\_\_\_

The reason I am requesting this leave is: \_\_\_\_\_ Personal Business  
\_\_\_\_\_ Emergency  
\_\_\_\_\_ Responsibilities which cannot be conducted  
during any time when school is not in session

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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APPROVAL:

Signature of Principal/Director: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*PLEASE SEND COPY TO CENTRAL OFFICE\*\*\*\*\*