



Westport Central School District

LEAVE FORM – NON-INSTRUCTIONAL

EMPLOYEE NAME: _____

DATE OF NOTIFICATION: _____

DATE OF EXPECTED ABSENCE(S): _____

VACATION SICK COMP

This personal leave is for personal business and essential obligations that are impossible to transact outside the normal working day. Personal leave is not to be granted the day prior to or the day after a holiday or vacation except with authorization from the Superintendent.

PERSONAL REASON: _____

NO REASON

TIME OF DEPARTURE: _____ **OR** FULL DAY LEAVE: _____

Employee Signature: _____ Date: _____

Instructions: Requests for personal leave shall be submitted three (3) days in advance to the immediate supervisor. In case of a true emergency, the supervisor may waive the advance notice.

Administrator/Supervisor Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____