



Westport Central School District

PERSONAL LEAVE FORM - ADMINISTRATORS

ADMINISTRATOR'S NAME: _____

DATE OF NOTIFICATION: _____

DATE OF EXPECTED ABSENCE(S): _____

VACATION SICK PERSONAL

Administrator's Signature: _____ Date: _____

Instructions: If at all possible, complete this form and submit to the Superintendent at least 5 days prior to the desired personal leave.

Superintendent's Signature: _____ Date: _____