



# CINCINNATUS

CENTRAL SCHOOL DISTRICT

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# EMPLOYEE LEAVE REQUEST FORM

Date: \_\_\_\_\_ Support Staff \_\_\_\_\_ Administration \_\_\_\_\_ Supervisor \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

## LEAVE REQUEST

Date(s) of Absence: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

*Please insert the number of days used in the spaces before the applicable reason.*

\_\_\_\_\_ AM/PM or Full **Personal Business** (Specify Reason: \_\_\_\_\_)  
Legal Matter, (House closings, tax hearings, adoption proceedings, court appearances, probating wills, physical exams required by draft board, etc.) Funeral (other than immediate family), Ceremonies, (Graduation of teacher, spouse or child; day of wedding ceremony; honors and awards involving employee or immediate family) Education, (attending educational meetings not covered by professional trip regulations; required parental visits to college), Religious Observances, Medical, Dental or Optical Appointments, (of a routine nature not directly resulting from an illness for which employee is presently on sick leave, and where such physician is not available for consultation during a time other than school hours), Other.

*(Pre-Request Required)*

\_\_\_\_\_ AM/PM or Full **Personal Illness**

\_\_\_\_\_ AM/PM or Full **Family Illness** (Relationship: \_\_\_\_\_)

\_\_\_\_\_ AM/PM or Full **Bereavement** (Relationship: \_\_\_\_\_)

\_\_\_\_\_ AM/PM or Full **Jury Duty**

\_\_\_\_\_ AM/PM or Full **Professional/School Business** (Specify Reason \_\_\_\_\_) proof **MUST** be attached

\_\_\_\_\_ AM/PM or **Full Vacation** *(Pre-Request Required)*

\_\_\_\_\_ AM/PM or Full **Floating Holiday**

Employee Signature \_\_\_\_\_ Pre-Request \_\_\_\_\_ Final \_\_\_\_\_

Approvals: Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SHORT LEAVE REQUEST (if applicable)

Date of Short Leave: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Time of Leave: From: \_\_\_\_\_ To: \_\_\_\_\_

*(Not to exceed two hours between the arrival of the morning bus and 15 minutes past the departure of the afternoon bus.)*

Reason: \_\_\_\_\_

Coverage: \_\_\_\_\_

*(The faculty/staff will attempt coverage with the aid of the principal and with minimal interruption in the learning process for all the students involved).*

Employee Signature \_\_\_\_\_ Pre-Request \_\_\_\_\_ Final \_\_\_\_\_

Approvals: Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_