



# Edmeston Central School Request for Time Off

Phone (607)965.8931 Fax (607)965.8942

## Section I: To be completed by Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date(s) Requested

### Type of Request:

Sick

Personal

Comp Time

Family Sick

Vacation

Check here if personal day(s) extend a holiday, vacation, or weekend\*.

\* Only if two (2) or more personal days are attached to a weekend.

## Section II: Business Office

\_\_\_\_\_  
Days Available

\_\_\_\_\_  
Days Used

\_\_\_\_\_  
Initial

## Section III: Supervisor Approval (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Sections I, II, & III must be completed before submission to the Superintendent's Secretary.**

## Section IV: Final Approval

\_\_\_\_\_  
Date Recv'd

\_\_\_\_\_  
Time

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

Approved

Denied

\_\_\_ Copy to Employee

\_\_\_ Original to Business Office

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