

Harvard Public Schools

39 Massachusetts Avenue - Harvard, Massachusetts - 01451
(978) 456-4140 Fax (978) 456-8592

Leave Request Form

ALL STAFF MUST SUBMIT REQUEST FOR AUTHORIZED LEAVE AT LEAST THREE (3) DAYS IN ADVANCE,
EXCEPT IN THE CASE OF EMERGENCY.

Name: _____ Today's Date: _____

Requested Leave Dates are granted for a full workday or one-half of a workday.

Please circle **Full Day** or **Half Day** (indicate AM or PM)

Date: _____ Date: _____ Date: _____
Full Day or Half Day(AM/PM) Full Day or Half Day (AM/PM) Full Day or Half Day(AM/PM)

Date: _____ Date: _____ Date: _____
Full Day or Half Day(AM/PM) Full Day or Half Day(AM/PM) Full Day or Half Day(AM/PM)

- Substitute Needed /Please indicate grade level & position _____
- No Substitute Needed / Every effort is made for a smooth transition for all involved.

-
- | | | |
|---|---|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Personal/Religious | <input type="checkbox"/> Visitation |
| <input type="checkbox"/> Family Illness | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Conference/Workshop |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Other (Field Trip) |

Approval: _____
Principal/Supervisor Date

Please do not write in space below. For Central Office use only.

Notes: _____

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