

BURLINGTON SCHOOL DISTRICT
150 Colchester Avenue * Suite 2 * Burlington, VT 05401

STAFF LEAVE REQUEST FORM

School and/or Location

Date

I, _____, request _____, day(s) of leave to be taken on
Please print

_____.

CHECK ONE:

- Discretion Day (not to be used for vacation; BEA §23.1(a))
- Emergency Discretion Day
I affirm with my signature below that it was not possible for me to give 24 hour notice.
- Funeral leave for member of my immediate family
Please list relationship: _____
- Family illness for member of my family. Please list relationship: _____
(Please refer to your bargaining unit agreement for eligibility information.)
- Unpaid (must be approved by Superintendent or designee)
- Other _____

Signature: _____

Date: _____

DECISION

- Granted with no loss of pay for _____ day(s).
- Granted with no pay for _____ day(s).
- Denied for _____ day(s).
- Substitute Required (Circle One) Yes No

Supervisor Signature

Date

Superintendent or Designee

Date

Copies to:

1- Supervisor

2- Requestor

3- Payroll/Accounting – All Leave Requests