

# Pomperaug Regional School District 15

## SPECIAL LEAVE REQUEST FORM

### Part I – To Be Completed by Employee

Name	Today's Date	Base Location
Date(s) of Leave	Number of Days	Requesting Leave <div style="text-align: right;"> <input type="checkbox"/> With Pay      <input type="checkbox"/> Without Pay         </div>
<b>TYPE OF LEAVE</b> [as defined under Section V.E.1-5]  Marriage of Applicant  Death in Immediate Family  Illness in Immediate Family  Religious Observance  Other (please specify):	<b>Extenuating Circumstances</b> [as defined under Section V.E.6] Under special circumstances, leaves may be granted by the superintendent or his designee for other reasons than listed or for additional days beyond contractual limits.  <b>PLEASE SPECIFY</b>	

### Part II – To Be Completed by Immediate Supervisor

I recommend approval of this leave.  I recommend this request be reviewed by the Central Office.  I do not recommend approval of this leave.	Additional Comments
I am personally aware of all pertinent aspects of this leave request.	
Supervisor Name	Date

### Part III – Completed by Central Office Administrator

Number of Special Leave Days Available _____  APPROVED  With Full Pay  With Pay Less Substitute Cost  Without Pay  NOT APPROVED	Comments
Central Office Administrator's Signature	Date

cc: Employee  
 Principal's Secretary  
 Other \_\_\_\_\_