

PRESTON PUBLIC SCHOOLS

Central Office
325 Shetucket Turnpike
Preston, CT 06365
860-889-6098 860-889-8685

Central Office Use Only Superintendent of Schools _____ Principal/ Supervisor's Copy _____ Employee's Copy _____
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TIME OFF REQUEST

Employee Name:

Date: Building:

Date (s) Requested:

Type of Request:

Personal Day	Sick Day
Vacation Day (12 month employees)	Funeral Day

* PROFESSIONAL DEVELOPMENT- PLEASE COMPLETE BELOW
REGISTRATION REQUESTED: YES NO
PO/ PAYMENT REQUIRED: YES _ NO
IF PD, ATTACH A BRIEF EXPLANATION OF HOW TOPIC RELATES TO INSTRUCTIONAL AREA, AS WELL AS REGISTRATION FORMS AND COST INFORMATION

FOR CENTRAL OFFICE USE ONLY	
Request received on: _____	
Approved: _____ Denied: _____ Reason for denial: _____	
Number of days used including above _____	Number of days remaining _____
Number of days remaining:	
_____ Personal Days _____ Sick Days _____ Vacation Days (12 month employees)	
_____ Other	

Directions:
Please submit this form to the appropriate office.

Principal (or Supervisor) _____ **Date** _____