

OLEAN CITY SCHOOL DISTRICT

410 West Sullivan Street

Olean, NY 14760

RICK MOORE
Superintendent of Schools
(716)375-8018
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AARON W. WOLFE
Director of Human Resources
(716)375-8097
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ABSENCE REQUEST FOR SUPPORT STAFF

Employee Name:

Leave is requested for the following date(s):

Start Time

End Time

Total Hours

VACATION (Section 4.1 - 12 Month Employees Only)

SICK (Section 4.22)

FAMILY SICK (Section 4.23 - please specify family member)

PERSONAL (Section 4.21 - personal days are not permitted the day before or the day after a school recess, vacation or holiday without prior approval from the superintendent)

BEREAVEMENT (Section 4.24 - please specify family member)

OTHER (Section 4.27, 4.28 - ex: School Business, Association Time, Jury Duty -please give brief explanation below)

COMMENTS:

DATE:

EMPLOYEE SIGNATURE:

DATE:

PRINCIPAL/SUPERVISOR APPROVAL:

DATE:

DIRECTOR OF HUMAN RESOURCES APPROVAL:

DATE:

SUPERINTENDENT SIGNATURE:
(If Applicable)

APPROVAL

DENIAL

SUPERINTENDENT COMMENTS:

Personnel File (if applicable)

FMLA Notification provided to employee (if applicable)

FMLA Start Date: