

OLEAN CITY SCHOOL DISTRICT

410 West Sullivan Street

Olean, NY 14760

RICK MOORE
Superintendent of Schools
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AARON W. WOLFE
Director of Human Resources
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ABSENCE REQUEST FOR PROFESSIONAL STAFF

Employee Name:

Leave is requested for the following date(s):

PERSONAL – BEFORE OR AFTER A BREAK/HOLIDAY (Section 7.31 (f) – personal leave days are granted for the purpose of conducting legal or personal business affairs that must take place during working hours. **REMINDER: MUST BE PRE-APPROVED BY THE SUPERINTENDENT.**

OTHER – (Section 7.31 (b), (c), (e), (g), (h), (i) – ex: Association Time, Jury Duty, Personal Graduation, Visitation Days, Summer Grad Class Session, Emergency Days – 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:

FMLA Notification provided to employee (if applicable)

FMLA Start Date: