



John and Susan Leavitt  
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### REQUEST FOR LEAVE

To Supervisor: \_\_\_\_\_ Leavitts \_\_\_\_\_ Becky (ELL) \_\_\_\_\_ Gail (Tol) \_\_\_\_\_ Tracy(EB)

Employee's Name \_\_\_\_\_ Position \_\_\_\_\_

Type of Leave Requested \_\_\_\_\_ Number of Paid Leave Days

\_\_\_\_\_ Number of Unpaid Leave Days

Date Requested \_\_\_\_\_ through \_\_\_\_\_

Reason for Leave (Optional) \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date Submitted

Leave \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\*Please keep in mind that when planning time off, you must submit this form 2 weeks prior to requested day. Refer to Addendum in Staff Handbook p.57 for further information