

**REQUEST FOR LEAVE
Teaching Assistants**

**Corning - Painted Post Area School District
Personnel Services**

Name: _____ Date: _____

Building: _____ Assignment: _____

I am requesting leave as follows:

PAID LEAVE:

Emergency Day or Personal Day

Date(s): _____ * Explanation: _____

* Complete explanation only if requesting 3rd day or if day is immediately preceding or following a holiday.

Medical Leave (from Personal Illness Days)

Date: _____

Serious Family Illness

Date: _____

Family Member: _____

Bereavement

Date: _____

Family Member: _____

Other: _____

* Attach obituary copy

NON-PAID LEAVE:

Period of Time: _____ Explanation: _____

DATE: _____

SIGNATURE: _____

Immediate Supervisor Signature

(Supervisor's knowledge of request does not indicate approval or denial.
All leave requests will be forwarded to the Assistant Superintendent for Administrative Services.)

Your leave request is Denied _____ Granted _____

**Routing: Please submit original
and 2 copies to your
immediate supervisor**

Assistant Superintendent for Administrative Services

**Original - Personnel Services Copy 1 – Supervisor Copy 2 - Staff Member
Submit all copies to your immediate supervisor**