



# Diman Regional Vocational Technical High School

DATE: \_\_\_\_\_

TO: Superintendent-Director

FROM: \_\_\_\_\_

RE: **Leave Request**

*Type of Leave- Please Circle*

- |                  |                          |                              |
|------------------|--------------------------|------------------------------|
| Sick Leave       | School Business          | Comptime                     |
| Personal Day     | Jury Duty (attatch Copy) | Adjusted Day                 |
| Vacation         | Religious Observance     | Leave of Absence without Pay |
| Family Illness   | Military Leave           | Other _____                  |
| Professional Day | Bereavement              |                              |

Date(s) of Leave \_\_\_\_\_

**EXPLANATION:** \_\_\_\_\_

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**ACKNOWLEDGMENT:** \_\_\_\_\_ Date: \_\_\_\_\_

*Department Head/Lead Teacher*

\_\_\_\_\_ Date: \_\_\_\_\_

*Supervisor/Coordinator*

\_\_\_\_\_ Date: \_\_\_\_\_

*Assistant Superintendent-Director/Principal*

_____ <b>Approved</b>	_____ <b>Not Approved</b>
_____ <i>Superintendent-Director</i>	

**Submit In Duplicate**