

**Board of Cooperative Educational Services
Albany - Schoharie - Schenectady - Saratoga Counties**

**REQUEST FOR LEAVE
2009-10**

Vacation Leave										
Date:	Full Day	1/2 Day		Date:	Full Day	1/2 Day		Date:	Full Day	1/2 Day
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Total Vacation Days Being Used: _____

Short Term Leave							
Reason		Dates Requested - Full Day or 1/2 Day					Total Days
Personal Illness:	<input type="checkbox"/>	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full		
Personal Business:	<input type="checkbox"/>	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full		
Bereavement:	<input type="checkbox"/>	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full		
Family Illness:	<input type="checkbox"/>	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full		
Religious:	<input type="checkbox"/>	_____	_____				
Other: (Subject to Advance Approval)	<input type="checkbox"/>	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full	_____ <input type="checkbox"/> 1/2 <input type="checkbox"/> Full		
Jury Duty:	<input type="checkbox"/>	_____					
Military Leave	<input type="checkbox"/>	_____					

Employee's Name: _____

Employee's Signature: _____

Date: _____

Approved By
Supervisor/Manager: _____

Date: _____

Division Director: _____

Date: _____