



**EAST HARTFORD PUBLIC SCHOOLS
REQUEST FOR TIME OFF**

PLEASE SUBMIT TO HUMAN RESOURCES *10 DAYS* IN ADVANCE.

 **Certified Teachers *MUST*** report absences to Kelly Services @ www.kellyeducationalstaffing.com or 1-800-942-3767

 **Non-Certified** employees *MUST* report absences to www.frontlinek12.com/aesop or 1-800-942-3767

INSTRUCTIONS:

Certified Teachers: Please complete Section A and submit this form directly to the Manager of Human Resources.

Non-Certified Staff: Please complete Section A and submit this form to your immediate administrator/supervisor for completion of Section B.

Administrator/Supervisor: After completion of section B, please submit this form to the Manager of Human Resources.

A. NAME OF PERSON _____ TODAY'S DATE _____

LOCATION _____ POSITION _____

DATES OF PROPOSED ABSENCE _____

EMPLOYEE SIGNATURE: _____

_____ REQUEST WITH PAY

_____ REQUEST WITHOUT PAY

PLEASE CHECK BELOW REASON FOR REQUEST

_____ Funeral Leave (**Indicate relationship**)

_____ Non-Working Day (**Administrators only**)

_____ Leave of Absence (**Indicate reason**)

_____ No Reason Required

_____ Illness – Employee's Family (**Indicate relationship**)

_____ Personal Day (**Indicate reason**)

_____ Illness – Self

_____ Religious Holiday (**Indicate which one**)

_____ Jury Duty (**Attach summons**)

_____ Union Leave

_____ Marriage – Employee's Family (**Indicate relationship**)

_____ Vacation

(PLEASE REFER TO YOUR BARGAINING UNIT CONTRACT FOR REASONS COVERED)

EMPLOYEE COMMENTS: _____

B. Approval, Administrator/Supervisor _____ Date: _____

_____ APPROVED

_____ DENIED

THIS SECTION FOR HUMAN RESOURCES PURPOSES ONLY

_____ EMPLOYEE HAS CREDIT

_____ APPROVED

Camille M. Rice
Human Resources Manager

_____ EMPLOYEE DOES NOT HAVE CREDIT

_____ NOT APPROVED

COMMENTS: _____