

**SOUTH CENTRAL BOCES  
LEAVE REQUEST FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please excuse my absence from work for \_\_\_\_\_ day(s) as explained below:

I CERTIFY THAT THIS ABSENCE IS/WAS DUE TO:

Reason for Absence	Date(s)
Illness	
Vacation	
Personal	
Funeral (indicate who)	
Other (please specify & indicate how leave is approved to be recorded)	

Signature of employee \_\_\_\_\_

APPROVED (supervisor) \_\_\_\_\_

APPROVED (director) \_\_\_\_\_

APPROVED (executive director) \_\_\_\_\_

leave request form.bocesmisc 2008-02-05

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