

**GILL-MONTAGUE REGIONAL SCHOOL DISTRICT  
REQUEST FOR LEAVE**

**Date** \_\_\_\_\_ **SCHOOL YEAR** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

**Check one and indicate date requested:**

**VACATION**\_\_\_\_\_ **DATE:**\_\_\_\_\_

**PERSONAL**\_\_\_\_\_ **DATE:**\_\_\_\_\_

**SICK**\_\_\_\_\_ **DATE:**\_\_\_\_\_

**FAMILY SICK** \_\_\_\_\_ **DATE:**\_\_\_\_\_

**PROF. DEVELOP.**\_\_\_\_\_ **DATE:**\_\_\_\_\_

**NAME OF COURSE/SEMINAR ATTENDING:**

\_\_\_\_\_

**SIGNED:** \_\_\_\_\_  
Employee's Signature

**SIGNED:** \_\_\_\_\_  
Supervisor's Signature