



Washington
West
Supervisory
Union

340 Mad River Park
Suite 7
Waitsfield, VT 05673

Phone: (802) 496-2272
Fax: (802) 496-6515

School Staff Paid Time Off Request / Report

Employee Name: _____ School: _____ Date: _____

Instructions:

- For emergency sick leave being recorded “after the fact”, complete this form on the first day back to work.
- For all other types of leave (including non-emergency sick leave, for example, medical appointments), complete and submit this form as far in advance as possible.
- Sign and provide this form to your direct supervisor.
- The supervisor will review and approve (or not). If the request is not approved, you will receive this form back noting the reason(s) why.
- The leave will be debited against your current balance. (There is no follow-up form to complete.)
- IF YOU DO NOT TAKE LEAVE AS REQUESTED AND APPROVED, YOU MUST NOTIFY THE SCHOOL SECRETARY WHO WILL NOTIFY WWSU CENTRAL OFFICE.

Paid Time Off Type	Leave Date(s) <small>(Day/Month/Year)</small>		Days	Hours
	From:	To:		
Bereavement				
Civic (Jury Duty or Military Duty)				
Personal Leave				
Professional Time				
Religious				
Sick Leave (personal)				
Sick Leave (family)				
Vacation				
Other				

Supervisor Signature (or designee)

Date

Please acknowledge with your signature and return form to the office.

Employee Signature

Date

For Supervisor Use	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Not Approved
Reason Not Approved:	

SUBSTITUTE REQUEST – IF APPLICABLE

(To be complete by Principal or designee)

Substitute needed for (person): _____ Date (s): _____

Instructions/Comments: _____

