

HOLLISTON PUBLIC SCHOOLS

**ADMINISTRATORS
ABSENCE/LEAVE REQUEST**

I _____ WISH TO TAKE THE FOLLOWING DAYS:
Name

DAYS: _____

WEEK OF: _____

TOTAL DAYS REQUESTED: _____

PLEASE CHECK THE TYPE OF LEAVE REQUESTED:

SICK LEAVE _____

VACATION _____

PERSONAL LEAVE _____

PROFESSIONAL _____

SIGNATURE

DATE

SUPERINTENDENT/DESIGNEE

DATE