



# Harwood Unified Union School District

340 Mad River Park, Suite 7  
Waitsfield, VT 05673  
(802) 496-2272

Brigid Nease, Superintendent

Michelle Baker, Director of Finance/Operations

Shannon Lessley, Director of Curriculum

Donarae Dawson, Director of Student Support Services

## HUUSD Staff Paid Time Off Request / Report

Employee Name: \_\_\_\_\_ Location: \_\_\_\_\_ 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 SUPERINTENDENT’S ADMINISTRATIVE ASSISTANT.

Paid Time Off Type		Leave Date(s) (Month/Day/Year)		Days	Hours
		From:	To:		
<input type="checkbox"/>	Bereavement	/ /	/ /		
<input type="checkbox"/>	Civic (Jury Duty or Military Duty)	/ /	/ /		
<input type="checkbox"/>	Personal Leave	/ /	/ /		
<input type="checkbox"/> I certify that these personal days requested are to conduct personal business.					
<input type="checkbox"/>	Professional Time	/ /	/ /		
<input type="checkbox"/>	Religious	/ /	/ /		
<input type="checkbox"/>	Sick Leave (personal)	/ /	/ /		
<input type="checkbox"/>	Sick Leave (family)	/ /	/ /		
<input type="checkbox"/>	Vacation	/ /	/ /		
<input type="checkbox"/>	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

## SUBSTITUTE REQUEST – IF APPLICABLE

(To be complete by Principal or designee)

Substitute needed for (person): \_\_\_\_\_ Date (s): \_\_\_\_\_

Instructions/Comments: \_\_\_\_\_