

HADLEY PUBLIC SCHOOLS

REQUEST FOR TIME OFF FORM

☐ **Hadley Elementary School**
21 River Drive
Hadley, Massachusetts 01035
(413) 584-5011 fax (413) 582-6457

☐ **Hopkins Academy**
131 Russell Street
Hadley, Massachusetts 01035
(413) 584-1106 fax (413) 582-6455

(IF YOU WOULD LIKE AN APPROVED COPY RETURNED TO YOU, PLEASE SUBMIT THE ORIGINAL PLUS ONE COPY)

NAME

TODAY'S DATE

DATE(S) REQUESTED OFF

***PLEASE CHECK ONE:**

_____ **PERSONAL DAY**

_____ **BEREAVEMENT (Please list relation to deceased)**

_____ **VACATION DAY**

_____ **PROFESSIONAL DEVELOPEMENT**

_____ **FLOATING HOLIDAY**

REASON:

YOUR SIGNATURE

SUPERVISOR'S SIGNATURE

SUPERINTENDENT'S SIGNATURE

APPROVED ☐ **NOT APPROVED** ☐

APPROVED ☐ **NOT APPROVED** ☐

DATE _____

DATE _____

***PLEASE REFER TO YOUR INDIVIDUAL CONTRACT OR EMPLOYEE HANDBOOK FOR ALLOTTED TIME OFF**