

**Haverhill Public Schools**

**School Health Services**

**19-20 Time Off Request Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s)/Time Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Type of Time Off Requested:***

\_\_\_\_\_ **Personal Time**\* (full time nurses are allowed 3 personal days per academic year(July-June), pro-rated based on FTE status)

\_\_\_\_\_ **Medical/Sick time** (see contract re rules related to use of sick time for serious illness of spouse, child or parent)

\_\_\_\_\_ **Professional Development** (must be pre-approved)

Provide course name, value to district, etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_ **Jury Duty**

\_\_\_\_\_ **Other**

***Send requests to Director of Health and Nursing Services.***

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_