

Wakefield School District SAU #101

Anticipated Time-Off Request Form

All employees must use this form when requesting time-off in advance.

Employee Name: _____

Date(s) for Requested Time-Off: _____

Sub Required:

YES

NO

Reason for Time-Off:

Personal Time

Professional Development - Non
Reimbursement

Sick Time

Other/ Please specify in notes

Vacation Time

Bereavement

Notes:

Manager Signature :

Date