



READS

Regional Educational Assessment & Diagnostic Services
105 E. Grove Street
Middleboro, MA 02346

Administration (508) 947-3634
Clinic (508) 947-2423
Programs (508) 947-3640
V/TDD (508) 947-8530
FAX (508) 946-1088

REQUEST FOR LEAVE

Date: _____

To the Executive Director:

I, _____, _____, _____
(Name) (Program) (Position)

request a day of leave on _____ for the following purpose:

Personal (please check appropriate category)

- 1. Legal _____
- 2. Household _____
- 3. Religious Holyday (Please identify which holyday) _____
- 4. Family Matters _____

- ____ Bereavement (Relation) _____
- ____ Professional (Please attach backup information)
- ____ Jury Duty (Please attach copy of summons)
- ____ Leave without Pay (Please attach explanation) _____

Employee Signature

Request recommended: Yes ___ No ___

Substitute required? Yes ___ No ___

Program Director Signature/Date

Request: Approved _____ Denied _____

Copy to: Individual _____
Program Director/Secretary _____
Business Office _____

Executive Director/Date