



Spencer East Brookfield Regional School District
306 Main Street, Spencer, Massachusetts 01562
Telephone (508) 885-8500 * Fax (508) 885-8504
Web: www.sebrsd.org

TIME OFF REQUEST FORM

Please complete and submit to your Supervisor in advance for approval.

Print Name:	
Position:	Building Principal:
School/Dept.:	Date:

Time Off Requested:

Date(s) requested/Additional info:

Vacation

Personal

- Religious*
- Personal Business*
- Household/Family*
- Emergency*

Sick

- Self*
- Family*

Bereavement *(Please specify relation)*

Jury Duty *(Please attach notice)*

Supervisor: **Approved** **Denied**

Signature and Date

Superintendent: **Approved** **Denied**

Signature and Date