

MARLBORO CENTRAL SCHOOL DISTRICT
2011-2012 School Year

I am requesting: Personal Sick
 Vacation Comp Time

<u>Day</u>	<u>Date (s)</u>
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____

EMPLOYEE

Building: _____
Name (please print): _____
Signature: _____
Date: _____

SUPERVISOR

Approved: Not Approved:
Signature: _____
Date: _____

ASSISTANT SUPERINTENDENT FOR BUSINESS

Approved: Not Approved:
Signature: _____
Date: _____

NTS