

**MARLBORO CENTRAL SCHOOL DISTRICT
2018-19 School Year**

I am requesting: Personal Sick
 Vacation Comp Time

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

*****It is employee's responsibility to enter request in AESOP*****

EMPLOYEE

Building: _____

Name (please print): _____

Signature: _____

Date: _____

SUPERVISOR

Approved: **Not Approved:**

Signature: _____

Date: _____

DIRECTOR OF BUSINESS & FINANCE

Approved: **Not Approved:**

Signature: _____

Date: _____