

**BOARD OF EDUCATION  
BUFFALO, NEW YORK**

**APPLICATION FOR SHORT-TERM ABSENCE/LEAVE FROM REGULAR DUTY**

TO: Superintendent of Schools

I, \_\_\_\_\_ request permission to be absent from regular  
duty on Monday, November 9, 2020 (DATES)\*

(CHECK ALL THAT APPLY)

- |                                     |   |                                     |  |
|-------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/>            | With loss of pay                                      | <input checked="" type="checkbox"/> | Without loss of pay<br>With Expenses to be paid by the Board<br>of Education |
| <input checked="" type="checkbox"/> | With substitute to be provided                        | <input type="checkbox"/>            | Other _____  |
| <input type="checkbox"/>            | With absence to be charged to Sick Leave              |                                     |  |
| <input type="checkbox"/>            | With absence to be charged to Personal Leave          |                                     |  |
| <input checked="" type="checkbox"/> | With no absence to be charged, away on Board Business |                                     | <b>(Attach conference flyer)</b>   |

**REASON FOR REQUEST** (Explain giving specifics as to place, purpose, etc. A reason need not be given for Personal Business Leave that does not fall on a day that immediately precedes or follows a Holiday. Personal Business Leave can only be requested in order to conduct urgent personal business that cannot be taken care of during non-school hours.)

To attend the NYSTRS Convention as Delegate

**ESTIMATE OF EXPENSES FOR WHICH REIMBURSEMENT WILL BE REQUESTED**

|                      |                      |
|----------------------|----------------------|
| Transportation _____ | Registration _____   |
| Meals** _____        | Other _____          |
| Lodging _____        | Total Expenses _____ |

|                             |   |
|-----------------------------|---|
| Applicant's Signature _____ | Date _____  |
| Department _____            |   |
| Position _____              | Temp. <input type="checkbox"/> Prob. <input type="checkbox"/> Cont. <input type="checkbox"/> Civil Service <input type="checkbox"/> |

**APPROVALS\*\*\***

|   |  |            |
|---|--|------------|
| APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> _____ | IMMEDIATE SUPERVISOR / PRINCIPAL                       | DATE _____ |
| APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> _____ | DIRECTOR / SUPERVISOR                                  | DATE _____ |
| APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> _____ | ASSOCIATE SUPERINTENDENT /<br>COMMUNITY SUPERINTENDENT | DATE _____ |
| APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> _____ | CHIEF ACADEMIC OFFICER                                 | DATE _____ |
| APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> _____ | SUPERINTENDENT   | DATE _____ |

(SIGNATURE LINES)

\*Whenever possible, advance notice of forty-eight (48) hours shall be given before the use of a personal day.

\*\* The required approvals, etc. are governed by appropriate laws, relevant contractual provisions and/or District practice and policies.

\*\*\* Signature indicates agreement with the back of this form as posted in Lotus Notes.

Revised: 3/16/12 revised 9/2012