

**GROTON-DUNSTABLE REGIONAL SCHOOL DISTRICT
BENEFIT TIME REQUEST**

**Please send this form in triplicate to the Payroll Department at the Central Office a minimum of
48 hours before requested absence.**

School _____ Date of Request _____

To Supervisor: _____

From Employee: _____

I wish to request:

_____ Personal Leave _____

_____ Vacation day (12 month employee only) _____

_____ Bereavement
(Indicate Relationship) _____

_____ Jury Duty _____

_____ Unpaid _____

Comment: _____

<input type="checkbox"/>	Recommended (contingent upon available benefit time)	
<input type="checkbox"/>	Not Recommended	
	_____	_____
	Supervisor's Signature	Date

<input type="checkbox"/>	Benefit time available	
<input type="checkbox"/>	Benefit time not available. Comment: _____	
	_____	_____
	Payroll Department Signature	Date

<input type="checkbox"/>	Approved	
<input type="checkbox"/>	Disapproved	
	_____	_____
	Superintendent's Signature	Date