



28 Commons – P.O. Box 178  
Little Compton, RI 02837-0178  
Telephone: (401) 635- 2351  
Fax: (401) 635 –2191  
www.lcsd.k12.ri.us

Kathleen Almanzor  
Interim Principal

Dr. Robert B. Power  
Superintendent

Date: \_\_\_\_\_

Name: \_\_\_\_\_

I request

- Professional Development Day: \_\_\_\_\_
- Sick Day *(Name of PD)*
- Vacation Day
- Personal Day
- Bereavement Day

Date of Absence: \_\_\_\_\_

Will a substitute be required?

- Yes
- No

I understand that personal leave may not be taken the day before or the day after a vacation period or holiday except with prior written permission of the Superintendent/School Committee.

\_\_\_\_\_  
Employee Signature      Date

\_\_\_\_\_  
Principal      Date

\_\_\_\_\_  
Superintendent      Date