

### Approval and Designation of SNLA Time

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

Request received from: \_\_\_\_\_

Department: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

No. of hours worked in previous twelve (12) months: \_\_\_\_\_

Time requested: (date and time): \_\_\_\_\_

SNLA time taken this calendar year: \_\_\_\_\_

As of this date: SNLA time remaining: \_\_\_\_\_

Paid time remaining: \_\_\_\_\_

Approved:

\_\_\_\_\_ As requested

\_\_\_\_\_ With the following modifications: \_\_\_\_\_

Not Approved:

\_\_\_\_\_ Employee is ineligible due to length of employment.

\_\_\_\_\_ Employee has worked less than 1250 hours in the previous 12 months.

\_\_\_\_\_ The reason for the requested time off does not fall under the guidelines of the Act.

\_\_\_\_\_ SNLA entitlement has been exhausted for the current period.

\_\_\_\_\_ Other: \_\_\_\_\_

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

Copies distributed: Employee \_\_\_\_\_

Superintendent: \_\_\_\_\_ Payroll: \_\_\_\_\_

Adopted March 21, 2005

Granby Public Schools - 2005