**REQUEST FOR PERSONAL LEAVE**

**Coffee County School System**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE REQUEST IS SUBMITTED\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE CIRCLE:** This request is for day: 1 2 3 4 5

**DATE(S) REQUESTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a.m. p.m. All Day**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a.m. p.m. All Day**

**REASON FOR REQUEST:** Please complete if requested leave is:

* Immediately prior or subsequent to school holidays;
* During the first or last week of school;
* For 3rd, 4th, or 5th day.

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**FOR OFFICE USE ONLY**

 **Your request has been:**

* Approved
* Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Principal’s Signature

* Approved
* Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Superintendent’s Signature

**PLEASE NOTE:**

* The Superintendent’s signature is required for the first two days only when the proposed leave is immediately prior or subsequent to school holidays or during the first or last week of school.
* The Principal’s and Superintendent’s signatures are required when requesting the 3rd, 4th, or 5th day of leave.
* .All requests must be submitted prior to using leave.

Revised: 10/20/15