REQUEST FOR LEAVE OF ABSENCE

I request	a leave of	absence of	n				
1/2 Day				(date of abs		nce)	
		p.m.					
Please check re	ason for abse	ence:					
Sick Day	Sick Day Personal			Vacation			
In-service	ce/Professi	onal Deve	lopment _			of inservice/meeting)	
Courtesy	Coverage						
				(2 per year- Please list who will sub. You are responsible fo find your own in-house sub.)			
step-pare aunt, nied identify a	ents, grandpents, nephewas "family	parents, gr and first only"?	andchild, b	orother, sister, es the bereave	brother/sister i	er, children, step-children, parents, n-law, mother/father in-law, uncle, uest qualify under the definition	
Other							
					(reason)		
Sub N	Veeded:	Yes	No	Positi	on/Grade		
Signature			dat	te	e-mail address		
Administrator Signature				dat	re		
Superintendent Signature				dat	te	Please submit to your building principal or supervisor for approval/signature.	

DENIED

APPROVED