REQUEST FOR LEAVE OF ABSENCE

I request a leave o	f absence on		
1/2 Day	a.m. p.m.	(da Full Day	te of absence)
Please check reason for ab	sence:		
Sick Day	Personal	Vacation	
In-service/Profess	sional Developme	ent	
		(offic	ial name of inservice/meeting)
Courtesy Coverag	e (period)		ub. You are responsible fo find your own in-house sub.)
step-parents, grand aunt, niece, nephe identify as "family	dparents, grandch w and first cousin v only"?	hild, brother, sister, brother/s n. Does the bereavement lea	partner, children, step-children, parents, sister in-law, mother/father in-law, uncle, ve request qualify under the definition
Other		(reason)	
Sub Needed:	Yes No	O Position/Grade	e
Signature		date	e-mail address
Administrator Signature		date	
Superintendent Signature		date	Please submit to your building principal or supervisor for approval/signature.
APPROVED	DENIED		