

TROY CITY SCHOOLS
REQUEST FOR LEAVE

School: _____

Date: _____

To: Superintendent, Troy City Schools

From: _____

Re: Request for _____ days of..... Personal Leave
**Planned Personal Leave
Detached Duty
Legal Service Duty
(Twelve Month Employees Only)... Vacation

I PERSONAL LEAVE: To be taken on the following date(s): _____

II. PLANNED PERSONAL LEAVE: To be taken as follows: Date(s): _____

III. LEGAL SERVICE DUTY: To be taken as follows: Date(s): _____

IV. DETACHED DUTY: To be taken as follows:.....Date(s): _____

Will Substitute be required? ___ Yes; ___ No Will reimbursement be requested? ___ Yes; ___ No

Does Substitute have prior approval for payment by? _____ Central Office; _____ School

Estimated Total Cost: _____ Place: _____

Source of Funds: _____

This Detached Duty is requested for the following reason(s):

V. VACATION: To be taken _____ Balance _____

APPROVED: _____
(Principal)

Signed _____
(Employee)

APPROVED: _____
(Superintendent)

Date Approved _____
(Superintendent)