| OCR# | □ Red Van | Red Car | ☐ White Car | Personal Car |
|------|-----------|---------|-------------|--------------|

West Jefferson School District #253 **DAY LEAVE REQUEST**

(Please Submit 5 days prior)

| □ \ | WITHIN DISTRICT PROF DEVELOPME | ENT ACTIVITIES OTHER |
|------------|--|---|
| 1. | · | Date Submitted: |
| 2. | Employee(s): Number of persons Traveling: Students: | |
| 3. | | |
| 4. | | Estimated Return Time: Estimated Total Hour(s) Gone from District: |
| 5. | Entered Leave Request in TimeClocks | s 🗆 No |
| | Signature:(Signature of Person Reques | |
| | Approved | (Signature of Principal/Supervisor/Dept. Head) |
| DISTI | RICT OFFICE USE: | Date Received By District |
| | Not Approved \square Approved \square | (Signature of Superintendent) |