



## Elementary / Middle School Teaching Staff Request For Time Off

(Teachers at multiple sites need to provide copies to all the appropriate principals)

<b>NAME:</b>	Today's Date:
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	Type of Leave Requested	Dates	Hours
<input type="checkbox"/>	Personal Time		
<input type="checkbox"/>	Medical / Sick Leave Emergency / Short Term (1-2 days)		
<input type="checkbox"/>	Medical / Sick Leave Over 3 days* / FMLA* <small>(Medical documentation required – see HR)</small>		
<input type="checkbox"/>	Other (Funeral Leave, Professional Meeting. Etc.)		

(Attach documents as needed)

	Office Use – Substitute Assigned
AM	
PM	
Other	

<b>Comments</b>	
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**Approval:**

Principal's Signature

Date Approved