



Secondary Teaching Staff Request For Time Off

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

| | |
|--------------|---------------|
| NAME: | Today's Date: |
|--------------|---------------|

| | 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)

Time Away / Substitute Coverage

| | Check all periods of absence | Check period substitute is needed | Office Use – Substitute Assigned |
|----------|---------------------------------|--------------------------------------|----------------------------------|
| 1st Hour | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2nd Hour | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3rd Hour | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4th Hour | <input type="checkbox"/> | <input type="checkbox"/> | |
| (Lunch) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5th Hour | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6th Hour | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7th Hour | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8th Hour | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | |

Approval:

Principal's Signature

Date Approved