



Non-Teaching Staff Request For Time Off

NAME:	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* (Medical documentation required – see HR)		
<input type="checkbox"/>	Other (Funeral Leave, Professional Meeting. Etc.)	Dates, Title, Location	

(Attach documents as needed)

Comments

Approval:

Principal's Signature

Date Approved