



Elementary / Middle School 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* (Medical documentation required – see HR)		
<input type="checkbox"/>	Professional Meeting / Event	Dates, Title, Location	

(Attach documents as needed)

	Office Use – Substitute Assigned
AM	
PM	
Other	

Comments	
-----------------	--

Approval:

Principal's Signature

Date Approved