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## Non-Teaching Staff Request For Time Off

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**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)

**Comments**

**Approval:**

Principal's Signature

Date Approved