



Secondary Teaching Staff Request For Time Off

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

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"/>	Professional Meeting / Event	Dates, Title, Location	

(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:

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Principal's Signature

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Date Approved