

Day off Request Form

(Administrator)

NAME OF PERSON MAKING REQUEST

TODAY'S DATE

I am requesting the following day (s)

Dates expected to be absent:

- Conference Day _____
- Personal Day (request at least 5 days in advance except in cases of emergency)* _____
- Sick Leave (days provided for self only for illness, injury, and medical or dental appointments.) _____
- Leave of Absence with Pay _____
- Leave of Absence without Pay _____

Reason:

Administrator's Signature

District Office Approval : _____ Date: _____

Comments: _____

* Administrators allowed 5 personal days per year (2 days can carry over)