

Employee Name: _____

Assignment/Grade Level: _____

Date(s) Requested: _____

Circle: Full Day or Half Day (A.M. or P.M.) Total Number Days: _____

I am requesting leave for the following:

***School Business**

***Requires prior approval and/or additional information below.**

***SB** School Business Reason/Training: _____

Location: _____

Funding Account No: _____

Substitute Required?

YES

NO

**** Please Note****

****It is important to submit all School Business requests to your Office Manager as soon as possible. Date availability is not guaranteed but every effort will be made to accommodate the request.****

Employee Signature

Date

Site Administrator Signature

Date