

SCHOOL BUSINESS & UNION RELEASE

REQUEST FORM

Employee Name: _____

School Site: _____

Assignment OR Grade Level: _____

Date(s) Requested: _____

Certificated Staff: Full Day or Half Day (A.M. or P.M.)

Classified Staff (hours): _____

I am requesting leave for one of the following: (circle one)

***School Business**

Union Release

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 & Union Release 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