TODAY'S DATE ____________________

<u>REQUEST FOR</u>

PERSONAL DAY ______ OTHER DAY ________ VACATION DAY ______
(specify)

(IN ACCORDANCE WITH ARTICLES XIX AND XX OF NEGOTIATED AGREEMENT)

STAFF MEMBER____

DATE(S) REQUESTED____

SUBSTITUTE REQUIRED?

YES ☐ NO ☐ If half day, duration of coverage needed: From_________ To________

It is your responsibility to contact the Substitute Service to secure a sub if needed.

- -

Building Administrator

APPROVED________ DENIED_______ Date_________
Initials Initials

◈ ◈ ◈ ◈

Superintendent ____________________________________ ________________
Signature Date

APPROVED______________ DENIED_____________

FOR OFFICE USE ONLY:

SUBSTITUTE NAME: ____

MIDDLE SCHOOL ________ ELEMENTARY SCHOOL_________

REVISED 10/20