REQUEST FOR PERSONAL LEAVE

Coffee County School System

NAME	NAME DATE REQUEST IS SUBMITTED						
PLEASE CIR	CLE: This request is for da	ny: 1	2	3	4	5	
DATE(S) REQUESTED			a.m.	p.m.	All Day		
				a.m.	p.m.	All Day	
 REASON FOR REQUEST: Please complete if requested leave is: Immediately prior or subsequent to school holidays; During the first or last week of school; For 3rd, 4th, or 5th day. 							
FOR OFFICE USE ONLY Your request has been:							
	Approved Disapproved	Prin	cipal's S	Signatur			
	Approved Disapproved	Superin	tendent	's Signa	iture		

PLEASE NOTE:

- The Superintendent's signature is required for the first two days only when the proposed leave is immediately prior or subsequent to school holidays or during the first or last week of school.
- The Principal's and Superintendent's signatures are required when requesting the 3rd, 4th, or 5th day of leave.
- All requests must be submitted prior to using leave.

Revised: 10/20/15