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| |  |  | | --- | --- | | **Request for Personal Leave** | 7/31/2005 | | **REQUEST FOR PERSONAL LEAVE**  **COFFEE COUNTY SCHOOL SYSTEM**  **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date request is submitted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PLEASE CIRCLE: This request is for day: 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 is request is for 3rd, 4th, or 5thday of personal leave.)**   |  | | --- | |  | |  | |  | |  |   **FOR OFFICE USE ONLY**  **Your request has been:**  **◊ Approved**  **◊ Disapproved              Principal’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **◊ Approved**  **◊ Disapproved              Superintendent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PLEASE NOTE**  **The Superintendent’s signature is required for the first two days only when the proposed leave day(s) are immediately or subsequent to school holidays or during the first or last week of school.**  **The Principal’s and Superintendent’s signatures are required when taking the 3rd, 4th, or 5th day.**  **ALL requests must be submitted prior to using leave.** | | |