

# REQUEST FOR ADMINISTRATIVE LEAVE

Coffee County School System

NAME \_\_\_\_\_ DATE REQUEST IS SUBMITTED \_\_\_\_\_

DATE(S) REQUESTED \_\_\_\_\_ a.m. p.m. All Day

\_\_\_\_\_ a.m. p.m. All Day

REASON FOR REQUEST: (Please include location of meeting)

---

---

---

---

## FOR OFFICE USE ONLY

Your request has been:

- Approved
- Disapproved

\_\_\_\_\_  
Principal's Signature

- Approved
- Disapproved

\_\_\_\_\_  
Superintendent's Signature

### PLEASE NOTE:

- The Principal's and Superintendent's signatures are required when requesting administrative leave.
- All requests must be submitted prior to using leave.