



ADMINISTRATIVE REGULATION

APPROVED: 09/16/2022

336-AR-0 EMPLOYEE TIME-OFF REQUEST FORM

Personal days may be used without justification except that such days may not be taken immediately before or immediately following a holiday or during the first and last weeks of the school year. The superintendent may in his sole discretion grant the use of a personal day during such restricted time if he deems circumstances warrant. The decision of the superintendent shall be final and binding. The granting of time during the restricted periods to any employee shall not be deemed to be a precedent or practice as to future applications.

Today's Date: _____

Employee's Name: _____

TIME-OFF REQUEST:

Beginning on: _____ Ending on: _____

REASON FOR REQUEST

- Personal Leave - Other: _____

I understand that this request is subject to approval by my Supervisor and Superintendent.

Employee's Signature: _____ Date: _____

APPROVAL

- Approved - Declined

Supervisor Signature: _____ Date: _____

- Approved - Declined

Superintendent Signature: _____ Date: _____