

STAFF TIME REQUEST FORM

Teachers Name: _____ Today's Date: _____

Date requesting: _____ Hours Requesting: _____

Hours coverage is needed: *Circle all that apply*

8/8:30-11:30, 11:30-1:00, 1:00-3:00, 3:00-6:00, None, Other _____
(please specify)

Check the appropriate box for the type of time you will be taking:

- Personal** **Unpaid** **Sick**
 Bereavement **Jury Duty** **Workshop**

office use only

No Deduction

Approving administrator's signature: _____

PLEASE NOTE:

- *Requests for "personal" days and/or "unpaid" days must be submitted at least 2 weeks prior to date requested.*
- *All "personal" days must be used before "unpaid" days may be taken.*
- *Requested dates or hours are not considered approved until you receive a "Time Request Reply".*