

STAFF TIME REQUEST FORM

Office Use Only:
ECal: _____
Reply: _____
Book: _____
GCal: _____

Teachers Name: _____ Today's Date: _____

Date requesting: _____ Hours Requesting: _____

Hours coverage is needed: *Circle all that apply*

7:00-8:00, 8/8:30-11:30, 11:30-1:00, 1:00-3:00, 3:00-5:30, 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".

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