



EMPLOYEE REQUEST FOR TIME OFF FORM

Employee Name: _____

Dates Requested: _____

Reason: _____

Name of Classroom Substitute: _____

Approved By: _____ Date: _____
Lead Teacher

Approved By: _____ Date: _____
Director

Teacher has put the substitute information on staff calendar _____
Date

Use PERSONAL TIME (if applicable) to be paid? Yes _____ No _____

NOTE: If you have other staff responsibilities which would require coverage please complete the Staff Coverage for Time Off form and submit with this request.

*Return all required forms to Miss Lisa