

PERSONAL LEAVE REQUEST TO EXTEND A VACATION OR LONG WEEKEND

Date(s) for which personal leave is requested:

_____ Full Day ____ Half Day am ___ pm ___
_____ Full Day ____ Half Day am ___ pm ___

Please give all reasons/justification for your request:

Signature

Date

(Office use)

Approved: Yes No

Mr. Michael Dodge, Superintendent

Cc: Mrs. Aylor
 Mr. Talbot
 Mrs. Speicher
 Business Office
 Person making request
 Personnel file