

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:

Name

Signature

Date

(Office use)

Approved: Yes No

Mr. Michael Dodge, Superintendent

Cc: Mr. Talbot
 Mrs. Petre
 Mrs. Durrigan
 Business Office
 Person making request
 Personnel file