

# CERTIFIED STAFF REQUEST TO LEAVE WORK EARLY

*THIS IS NOT A REQUEST FOR SUBSTITUTES. SUBSTITUTES ARE REQUESTED BY FILLING OUT ABSENCE FORMS AND SUBMITTING TO PRINCIPAL.*

DATE OF APPLICATION \_\_\_\_\_

NAME \_\_\_\_\_

EARLY LEAVE DATE \_\_\_\_\_

DEPARTURE TIME \_\_\_\_\_

I request permission to leave early from work for the following reason(s).

Own child's Illness/Injury

Personal Illness

Own child's Dr. Appt.

Personal Dr. Appt.

Purchase School Supplies

Own child's Activity

District Training trip to:

Personal trip to:

\_\_\_\_\_

\_\_\_\_\_

Local Training

Other (explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

Approved

Disapproved

\_\_\_\_\_  
Principal's Signature

*All written requests must be in the principal's hands no later than the end of AM recess, and preferably by C.O.B. the day prior.*