

## ADMINISTRATOR (Principal, Assistant Principal, Supervisor) VACATION/SICK/PERSONAL/CONTRACT DAY LEAVE REQUEST

RETURN TO: Appropriate Supervisor  A copy will be returned to the employee.  CENTRAL OFFICE USE ONLY  Date Received:	I would like to tak	e the following: (check one)			
Total number of days absent:	Vacation	Personal Leave	Contract Day(s)	Sick	
Employee Signature Date  Principal Signature Date  School Name:  ****BUILDING DESIGNEE:  ****BUILDING DESIGNEE:  Principal's signature is required for AP Requests Turn in a "Request for Payment of Substitute Teachers" form to the appropriate Instructional Supervisor reporting number of vacation, personal or sick days used, etc. when you return. The form should remain in tact inclusive of the pink copy, which will be returned to you once the form is signed. You may retain the goldenrod copy for your records.  RETURN TO: Appropriate Supervisor A copy will be returned to the employee.  CENTRAL OFFICE USE ONLY  Date Received:  Action Taken: Approved  Reason:  Approval Signature:	***Dates:				
Employee Signature  Principal Signature*  Date  School Name:  ****BUILDING DESIGNEE:  Principal's signature is required for AP Requests Turn in a "Request for Payment of Substitute Teachers" form to the appropriate Instructional Supervisor reporting number of vacation, personal or sick days used, etc. when you return. The form should remain in tact inclusive of the pink copy, which will be returned to you once the form is signed. You may retain the goldenrod copy for your records.  RETURN TO: Appropriate Supervisor A copy will be returned to the employee.  CENTRAL OFFICE USE ONLY  Date Received:  Action Taken:  Approved  Not Approved  Approval Signature:	Total number of	f days absent:			
Principal Signature  Principal Signature  School Name:  ****BUILDING DESIGNEE:  **Principal's signature is required for AP Requests  Turn in a "Request for Payment of Substitute Teachers" form to the appropriate Instructional Supervisor reporting number of vacation, personal or sick days used, etc. when you return. The form should remain in tact inclusive of the pink copy, which will be returned to you once the form is signed. You may retain the goldenrod copy for your records.  RETURN TO: Appropriate Supervisor  A copy will be returned to the employee.  CENTRAL OFFICE USE ONLY  Date Received:  Action Taken: Approved  Reason:  Approval Signature:	I will return to wo	rk on (date)			
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	Reason:				
מובן ו	Approval Signature	e:		Date	