

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 403.3.1.4.2P Adopted May 1980 Revised March 2004

Title **Transportation Employee Request for Leave of Absence of More Than Two Days**

I, _____, # _____ request permission to be
(print name) (employee number)

absent from my regular duties: AM _____ NOON _____ PM _____ Activity _____ Other _____

Dates of requested leave: Circle (M T W Th F)

from _____ through _____
month-day-year month-day-year

Reason for leave _____

Check:

_____ Driver (Bus #'s) _____

_____ Chaperone (Bus #'s) _____

_____ Crossing Guard (Location) _____

Time & date of request _____ AM
_____ PM _____

Employee signature: _____

Logged _____ Approved _____ Disapproved _____

By _____ By _____
(Coordinator of Transportation or Designee) (Human Resources)