

**CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT  
Request for Bonus Leave Day for Cooperating Teacher**

PLEASE RETURN COMPLETED COPY TO THE BUILDING PRINCIPAL

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Grade/Assignment: \_\_\_\_\_ Date of Bonus Leave: \_\_\_\_\_

Name of Student Teacher: \_\_\_\_\_

University: \_\_\_\_\_

Period of Assignment \_\_\_\_\_

In accordance with district practice, and in agreement with the university supervisor, I am requesting one (1) day of bonus leave or two half days of bonus leave if applicable on the date(s) indicated above. I understand that this day will not be applied against any accumulated sick leave under the district's sick leave policy. I have read and understand the district guidelines for granting personal leave days for cooperating teachers. Furthermore, I understand that my building principal has final authority in approving this request.

Cooperating Teacher \_\_\_\_\_ Date \_\_\_\_\_

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*To be completed by the student teacher:*

I agree to take full responsibility of the classroom as indicated above and have been informed of my duties and responsibilities.

Student Teacher \_\_\_\_\_ Date \_\_\_\_\_

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*To be completed by the building principal:*

In my best professional judgment, I affirm that the student teacher named above is capable and willing to assume total responsibilities.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date