



# Rogersville City School Leave Request Form Personal Leave

This form is to be completed and submitted to the Director of Schools or Principal for approval **PRIOR** to the requested leave. In the case of an unscheduled absence, please submit the leave request form upon the first day work is resumed.

Employee Name \_\_\_\_\_

I hereby request \_\_\_\_\_ day(s) leave  
(number)

From \_\_\_\_\_ TO \_\_\_\_\_ (date).

The approval of the Director/Principal shall be required under the following conditions:

1. If more than ten percent of the teachers in any given school request its use on the same day
2. If personal leave is requested during any prior established student examination period
3. If personal leave is requested on the day immediately preceding or following a holiday or vacation period

\_\_\_\_\_  
(Employee's Signature) (Date)

\_\_\_\_\_  
(Name of Substitute) (Date)

APPROVED \_\_\_\_\_  
Director/Principal (Date)

**FOR FINANCE USE ONLY:**

Total Days Earned \_\_\_\_\_

Days Taken (including above) \_\_\_\_\_

Days Remaining \_\_\_\_\_

**Personal leave is intended for personal use.**

