

ROANOKE CITY SCHOOLS

REQUEST FOR PERSONAL / SICK LEAVE

(Date)

I understand school board policy relating to personal leave and sick leave requests.

Reason for leave request:

- Personal
- Sick, personal sickness
- Personal Injury
- Death in immediate family
- Doctor / Dentist Appointment
- Other - Explain: _____

- Whole Day
- 1/2 Day - Morning
- 1/2 Day - Afternoon

Signature of Teacher

Date of Request

Check One:

ACTION

_____ Approved

_____ Disapproved
(reason) _____

Signature of Principal

Date Approved

Signature of Substitute