## PERSONAL BUSINESS · OTHER LEAVE OF ABSENCE AUTHORIZATION

**Personal Information:**

_____ _____

*Last* *First* *Department*

**Type of Leave Requested:**

☐ **Personal** ☐ **Other** _____

*Explain*

**Date (s) of Day (s) Requested/Used:**

From _____ To _____ If less than a full day list specific time:_____

_____ _____

*Employee Signature* *Date*

*By signing you acknowledge that you fully understand the details of the Collective Bargaining Agreements between the Board of Education of Argo Community High School District 217 and the Argo High School Teachers Union, Argo Teachers High School Support Staff Council, and the S.E.I.U. Local Council.*

**Authorization:**

_____ _____

*Division Chair* *Date*

Approved ☐

Denied ☐

_____ _____

*Assistant Principal* *Date*

**Office Use:** Personal ☐ Other ☐