

Administrator Advance Written Permission for Flex Days

Administrator Name: _____ Position: _____

Building: _____ Fiscal Year: _____

Day(s) requesting off: _____

Make-up Day(s): _____

Reason: _____

Administrator Signature

Date

Superintendent Signature

Date

Copies: K. Goupil
C. Owen
N. Loftin
J. Bleau