

Request for Administrative Leave

Name: _____ Date of Application: _____

Type of Leave Requested: Conference
 Vacation (260 Day Administrators)
 Other (Please Specify): _____

Dates of Requested Leave	_____	Full Day	Half Day
	_____	Full Day	Half Day
	_____	Full Day	Half Day
	_____	Full Day	Half Day
	_____	Full Day	Half Day

Signature: _____ Title: _____

Central Office Use Only:

Approved: _____ Denied: _____

Supervisor Signature: _____ Date: _____

Copy:

- Superintendent
- Administrator
- Carrie Owen
- Nan Loftin
- Personnel File