

MILLER SCHOOL DISTRICT #29-4

REQUEST FOR LEAVE

NAME: _____

_____ Sick/Dr. Appt.

_____ Funeral

DATE/S REQUESTED: _____

_____ Emergency/Personal

_____ Deduct

_____ No Deduct

TIME DEPARTING: _____

_____ Professional

_____ School Activity

_____ Vacation

REMARKS/EXPLANATION: _____

Signature

Date

Supervisor

Date

For Office Use Only:

Substitute: _____

Hours Needed: _____

Posted: _____