

TUNKHANNOCK AREA SCHOOL DISTRICT

TWELVE MONTH EMPLOYEES REQUEST FOR TIME OFF

NAME _____ DATE SUBMITTED _____

DEPARTMENT _____ BUILDING _____

DATE(S) REQUESTED TO BE OFF _____

PLEASE CIRCLE TYPE(S) OF DAY(S) TO BE USED:

VACATION - OPTIONAL - PERSONAL

APPROVED _____
Superintendent of Schools/Principal Date

Supervisor/Director of Building & Grounds Date

Except in the case of an emergency, all requests for time off must be pre-approved by your immediate supervisor. Once all necessary signatures are received, a copy of this request must be sent to Caroline Lawson prior to the absence. It may be faxed if time is a factor.

For:	Signatures Necessary:
Administrators	Superintendent
Secretaries	Principal or Supervisor
Maintenance	Supervisor/Superintendent
Custodians	Supervisor/Superintendent