

Today's Date: _____ Building: _____

FORM 1
FARWELL AREA SCHOOLS STAFF
REQUEST FOR LEAVE: PROFESSIONAL/PERSONAL

I, _____ an employee of the Farwell Area Schools, hereby request a
1/2 Day (a.m.) (p.m.) Full Day Multi-days leave for the following
date(s) _____.

Reason: (select one)

Personal Leave

Funeral Leave (State relationship) _____

Jury Duty

Sick day for doctor's appointment that could not be scheduled other than during my
normal working hours. This appointment is for:

myself

my child

other (extenuating circumstances with an immediate family member
that would necessitate my presence) _____.

(Please state relationship)

Vacation day (administration, supervisors and other 12-month employees **only**)

My vacation would begin at _____ on _____
(time) (day & date)

I plan to return to work at _____ on _____
(time) (day & date)

(Administrators) In an emergency, I can be contacted at (address and phone)

PRINCIPAL'S/SUPERVISOR'S SIGNATURE OF

Approval: _____

Disapproval: _____

SUPERINTENDENT'S Approval Disapproval: (Signature) _____

*Upon completion of signatures, copies will be sent to the employee and principal/supervisor. If approved, employee needs to call for any needed substitute.

*For conference leave, please use FORM 2