Campus/Department

Marlin ISD Time Off Request

3 DAYS ADVANCE NOTICE FOR PERSONAL DAYS
3 WEEKS ADVANCE NOTICE FOR WORKSHOPS

Name: _____ **Date Submitted**: _____

____**½ Day** AM or PM ____**Full Day**(s) **Substitute needed**: Yes No

DATE(S) REQUESTED FOR TIME OFF: _____

REASON:
- Personal
- Illness/Self
- Illness in immediate family
- Dr. Appointment
- Family Emergency
- Death in immediate family
- Jury Duty
- Athletics Business/Event at _____
- Field Trip to _____
- School Business at _____
- Testing at _____
- Workshop: _____

Name and Location

For Workshops attach a PRINTOUT WITH WORKSHOP INFORMATION

Employee Signature: _____

Principal's Signature: _____ Date **Approved** **Disapproved**

(*Professional Development Workshops must be approved by the Business Office and Superintendent*)

Business Manager's Signature: _____ **Fund Code:**_____
Date

Superintendent's Signature: _____ **Approved** **Disapproved**
Date

	Personal	Local	State Sick (Prior to 1995)
a. Personal Illness/ Doctor Appointment	_____	_____	_____
b. Illness in Immediate Family	_____	_____	_____
c. Death in Immediate Family	_____	_____	_____
d. Family Emergency	_____	_____	_____
e. Personal Day	_____	_____	_____

*** LEAVE CLASS SCHEDULE, INSTRUCTIONS, AND WORKSHEETS FOR SUBSTITUTES**

SUBSTITUTE(S) WILL BE:_____ _____

_____ _____
Secretary's Signature **Date Received**