

Marlin ISD Time Off Request

3 DAYS ADVANCE NOTICE FOR PERSONAL DAYS

3 WEEKS ADVANCE NOTICE FOR WORKSHOPS

Name: _____

Date Submitted: _____

_____ 1/2 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: _____ Date Fund Code: _____

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

	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 _____