

Marlin ISD Time Off Request

3 DAYS ADVANCE NOTICE FOR PERSONAL DAYS

3 WEEKS ADVANCE NOTICE FOR WORKSHOPS

Name: _____ **Date Submitted:** _____

_____ $\frac{1}{2}$ 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: _____		
	<small>Name and Location</small>		

For Workshops attach a **PRINTOUT WITH WORKSHOP INFORMATION*

Employee Signature: _____

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

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

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

Business Manager's Signature: _____ **FundCode:** _____

Superintendent's Signature: _____	Date		
	_____	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** _____