

ARBOR VITAE - WOODRUFF
TIME OFF REQUEST
HOURLY AND TEACHING

PLEASE COMPLETE, PRINT, AND HAND TO MR.FORTIER
(PLEASE KEEP A COPY FOR YOUR OWN RECORDS)

NAME:

DATE SUBMITTED:

NUMBER OF DAYS:

DATE(S) REQUESTED OFF:

TYPE OF LEAVE (PLEASE CIRCLE ONE)

SICK LEAVE

FUNERAL LEAVE

PAID TIME OFF

UNPAID (ONLY AFTR OTHER LEAVE HAS BEEN EXHAUSETED)

DAYS PRE-APPROVED FOR CURRICULUM/TRAINING/TESTING

REASON FOR LEAVE:

DAY LENGTH (PLEASE CIRCLE ONE)

1/2 DAY

7:30 - 11:30 / 11:30 - 3:30

FULL DAY

NOTES: