

PRINT NAME: _____



ENEMY SWIM DAY SCHOOL PP#: _____

REQUEST FOR LEAVE (email documentation if applicable):

Type of Leave:

- Educational
- Training
- Administrative
- Planned
- Unplanned
- Bereavement
- LWOP

Date <small>enter one date per line</small>	Time (15 minute increments)		Total
	From:	To:	

Total Hours Requested: _____

Arrangements for SUB:

Classroom: _____

Recess: _____

Lunch Room: _____

Remarks: _____

Signature: _____ Date: _____

Supervisor: _____ Date: _____