

PRINT NAME: _____



ENEMY SWIM DAY SCHOOL PP#: _____

REQUEST FOR LEAVE (attach documentation if applicable):

Is a substitute needed for this leave): _____

Type of Leave:

- Educational
- Training
- Administrative
- Paid
- Unpaid/LWOP

	DATE		TIME		Total Time
	Beginning	Ending	Beginning	Ending	

Total Hours Requested: _____

Signature/Date: _____

Supervisor/Date: _____

Classroom: _____

Recess: _____

Lunch Room: _____

Arranged Sub: _____

Remarks: _____

For office use only