



Jackson City Schools

VACATION/PERSONAL LEAVE Request Form

NAME: _____ BUILDING: _____ DATE _____

VACATION LEAVE Requested

DATE(s) of REQUESTED LEAVE _____
 TOTALS: Full Day(s) _____ 1/2 Day (am) _____ 1/2 Day (pm) _____

Substitute needed? YES _____ NO _____ APPROVED _____ DENIED _____

Administrator/Supervisor _____ Date _____
 APPROVED _____ DENIED _____

(Asst.) Superintendent _____ Date _____

COMMENTS: _____

PERSONAL LEAVE Requested

DATE(s) of REQUESTED LEAVE _____
 TOTALS: Full Day _____ 1/2 Day (am) _____ 1/2 Day (pm) _____

Substitute needed? YES _____ NO _____ APPROVED _____ DENIED _____

Administrator/Supervisor _____ Date _____
 APPROVED _____ DENIED _____

(Asst.) Superintendent _____ Date _____

COMMENTS: _____

Staff Member Signature

Teacher/Staff requesting leave _____ Date _____