

TUNKHANNOCK AREA SCHOOL DISTRICT

REQUEST FOR TIME OFF WITHOUT PAY
AND/OR

UP TO FIVE CONSECUTIVE PERSONAL DAYS (Teachers)

AND/OR

UP TO FOUR CONSECUTIVE PERSONAL DAYS (Support Staff)

NAME _____ DATE OF REQUEST _____

DEPARTMENT _____ BUILDING _____

All personal days must used before day(s) without pay are requested.

DATE(S) PERSONAL DAYS TO BE USED (If any) _____

DATE(S) REQUESTED WITHOUT PAY _____

REASON FOR REQUEST _____

_____ Your request has been approved.

_____ Your request has not been approved.

Principal/Supervisor's Signature

Superintendent's Signature

Please be sure form is signed by your Principal/Supervisor prior to being submitted to the Superintendent's office.

TO BE COMPLETED BY CENTRAL OFFICE:

_____ Personal Days on Book as of _____.