

10/2008

LEAVE SLIPArlington County
Public Schools

NAME	EMPLOYEE ID	SCHOOL OR DEPARTMENT
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REQUEST FOR ADVANCE APPROVAL OF ANNUAL LEAVE (OR SPECIAL TYPE OF LEAVE)*

DATES ON WHICH LEAVE IS TO BE TAKEN:		
SIGNATURE OF IMMEDIATE SUPERVISOR	SIGNATURE OF EMPLOYEE MAKING REQUEST	DATE OF REQUEST
SIGNATURE OF DIVISION SUPERINTENDENT (FOR PRINCIPAL'S ANNUAL LEAVE IN EXCESS OF TWO WEEKS)		

The lower part of this form must be completed after Annual Leave has been taken. Principals taking Annual Leave note on back of this form the name, address, and phone number of the person responsible for your building during your absence. NOTE: Requests for approval of Annual, Civil, Professional, and Personal Leave are to be retained by the originating office until leave has been taken.

ACKNOWLEDGEMENT OF LEAVE TAKEN

Sick Leave: I was absent _____ days ENTER NEAREST ½ DAY FRACTIONS.	Dates Absent	
Annual Leave (12-month employees): I was absent _____ days ENTER NEAREST ½ DAY FRACTIONS.	Dates Absent	
Personal Leave (10 /11-month employees): I was absent _____ days ENTER NEAREST ½ DAY FRACTIONS.	Dates Absent	
Special Leave/Professional Leave: * I was absent _____ days ENTER NEAREST ½ DAY FRACTIONS.	Dates Absent	
SIGNATURE OF IMMEDIATE SUPERVISOR	SIGNATURE OF EMPLOYEE ADKNOWLEDGING LEAVE TAKEN	DATE OF SIGNATURE
*Explain Civil Leave, Professional Leave, Personal Leave		

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