

PERSONAL LEAVE REQUEST CLAYMONT CITY SCHOOLS

DATE: _____/_____/_____

TO THE SUPERINTENDENT OF SCHOOLS:

I hereby request personal leave on _____
Single Date or Inclusive Dates

for the purpose of _____

Total Days personal leave **USED** to date:

Signature of Employee

PRINCIPAL'S NOTATION:

The above request has been duly noted. Arrangements CAN CANNOT
be made by me to cover this employee's assignments.

Signature of Principal

ACTION BY SUPERINTENDENT:

Request Granted

Request Denied Reason for Denial _____

Signature of Superintendent

FOR PERSONNEL RECORDS:

Personal Leave for _____ has been authorized
for _____/_____/_____.

Total days personal leave this school year, including, this request: _____
_____ - _____