

Rogers City Area Schools

TIME OFF REQUEST (MULTIPLE JOB CATAGORIES)

NAME: _____ Date: _____

Date(s) of Requested Leave: _____

1st Position:

Job Category you will be absent from: (circle one)

Bus Driver *Custodian* *Aide* *Food Service*

Time Period you will be absent: (circle one)

Half day *Full Day*

Reason for Absence: (circle one) *Leave Time* *Vacation* *Deduct* *Other* _____

2nd Position:

Job Category you will be absent from: (circle one)

Bus Driver *Custodian* *Aide* *Food Service*

Time Period you will be absent: (circle one)

Half day *Full Day*

Reason for Absence: (circle one) *Leave Time* *Vacation* *Deduct* *Other* _____

EMPLOYEE SIGNATURE: _____

DATE: _____

Approved Not Approved

1st Supervisor's Signature: _____

Date: _____

Approved Not Approved

2nd Supervisor's Signature: _____

Date: _____

- Any changes in this request must be made in writing at least one day prior to the scheduled leave date.
- A bargaining unit member planning to use a leave day(s) shall **notify his/her supervisor at least three (3) days in advance**, except in the case of emergency.
- Leave days will be granted only if a qualified substitute is available.

Rogers City Area Schools

TIME OFF REQUEST (Single Job Category)

NAME: _____ Date: _____

Date(s) of Requested Leave: _____

Job Category you will be absent from: (circle one)

Bus Driver

Custodian

Aide

Food Service

Time Period you will be absent: (circle one)

Half Day

Full Day

Reason for Absence: (circle one)

Leave Time

Vacation

Deduct

Other _____

EMPLOYEE SIGNATURE: _____

DATE: _____

Approved

Not Approved

Supervisor's Signature: _____

Date: _____

- Any changes in this request must be made in writing at least one day prior to the scheduled leave date.
- A bargaining unit member planning to use a leave day(s) shall **notify his/her supervisor at least three (3) days in advance**, except in the case of emergency.
- Leave days will be granted only if a qualified substitute is available.

Cancellation Notification Dates: _____ Signature: _____

Supervisor's Signature: _____ Date: _____