



**Request for Personal Leave**

(Limited to 2 days per year)

Date of Request \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Date(s) of day(s) requested \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_

(Submit to Lewis for approval) \_\_\_\_\_ approved \_\_\_\_\_ denied

Reason for denial  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal's Signature \_\_\_\_\_

**Upon approval:** You are responsible for securing a substitute.

Substitute's Name \_\_\_\_\_

Job Number \_\_\_\_\_