

STEUBENVILLE CITY SCHOOLS

Administrative Office
932 North Fifth Street

TEACHER'S REQUEST FOR PERSONAL LEAVE

_____ Date of Request

I _____ do hereby request a day of
(Name of teacher making request)

personal leave on _____ . Reason
(Month) (Day) (Year)

for personal leave: _____

(Approved/Disapproved+Bldg. Prin.)

(Name of teacher making request)

(Approved/Disapproved - Superintendent)

NOTE: To be made out and submitted in duplicate to the office of the superintendent. When approved or disapproved, a copy will be returned to the teacher making the request for her/his file.