

Date Rec'd School Office _____

Date Rec'd Central Office _____

Rec'd by _____

Rec'd by _____

**MILAN COMMUNITY SCHOOLS
REQUEST FOR PERSONAL BUSINESS LEAVE**

All Personnel

(Must be submitted to supervisor three days prior to absence)



Staff Member: _____

Position: _____

I request approval of one day of personal business leave to be used for the transaction of personal business and/or the conduct of personal or civic affairs that I am not able to schedule outside of regular school hours.

Reason for Absence: _____

Day and Date of Absence: _____

If a half-day:

I plan to leave / return at this time: _____
(circle one)

Signature: _____

Date



Approved / Disapproved: _____

Principal

Date

Approved / Disapproved: _____

Superintendent

Date