



Request for Permission to Leave Campus

Due to the school secretary no less than 24 hours before time of request.

Name: _____ Date Off Campus: _____

Time Leaving: _____AM/PM Time Returning: _____AM/PM

Destination: _____

Reason: _____

Instructional Assistants:

Arrangements made for coverage of AM/PM duty: Yes No

Signature of instructional assistant(s) willing to cover AM/PM duty:

1.	2.
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Teachers:

Arrangements made for supervision of students: Yes No

Class Distribution List completed and attached: Yes No

Signature of teachers willing to supervise students:

1.	5.
2.	6.
3.	7.
4.	8.

Approved: Yes No

Employee Signature

Principal Signature/Date

- It is the requesting employee's responsibility to obtain class coverage by another certified teacher.
- Do not request instructional assistants to cover a class.
- Personal/Doctor's appointments should be scheduled after school.

Time will be deducted from your Personal Sick Bank.