

Rogers City Area Schools

TIME OFF REQUEST Non-Teaching – ESP Team Members

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)

Haft Shift (am)

Half Shift (pm)

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.

Cancellation Notification Dates: _____ Signature: _____

Supervisor's Signature: _____ Date: _____