SPECIAL DAY REQUEST FORM

TO BE COMPLETED BY OFFICE ONLY:

Receivedin Principal's Office: By: _

Name

Date: _ Time: _

Teacher: _

Date Requested: _

Check one and attach explanation:

O Professional Day

O Workhop/Inservice

O Visitation Day

O Other: _ _ _ _ _ _ _ _ _ _ _ _

Check and Note Purpose: Please note Professional Employees' Agreement (page 10)

Personal Day Day# _

Purpose _

Approval:

Building Principal Date

Superintendent Date