

APPENDIX B – TIME AWAY REQUEST FORM

LANSING CENTRAL SCHOOL DISTRICT
TIME AWAY REQUEST - LANSING SCHOOL SERVICE ASSOCIATION
Building: _____

Directions:

1. Please submit this form to your supervisor for approval as soon as possible but not less than forty-eight (48) hours prior to leave request.
 - Aides and office staff should submit this form to the building principal
 - Building & grounds staff should submit this form to the building & grounds supervisor
 - Transportation staff should submit this form to the transportation supervisor
 - Food service staff should submit this form to the food service manager
 - Childcare workers should submit this form to the childcare director
2. If more than one (1) day is requested, use a separate sheet if each is to be taken for different reasons or different weeks.
3. The supervisor will forward the request to the District Office for processing once the supervisor has approved it.

NAME _____ TODAY'S DATE _____
(Please Print Name)

DATE(S) NEEDED _____

FULL DAY _____ PARTIAL DAY (# of Hours) _____

TIME LEAVING _____ TIME RETURNING _____

**PLEASE REFER TO YOUR MOST RECENT PAY CHECK STUB FOR AVAILABLE TIME
DEDUCT TIME MUST BE APPROVED BY THE SUPERINTENDENT WITHIN A MINIMUM OF
FORTY-EIGHT (48) HOURS IN ADVANCE**

Reason: Sick Day Vacation (12 Month Employees Only)
 Personal Holiday
 Field Trip Jury Duty (must submit proof of duty to the District Office)
 Unpaid / Deduct Death in Family (Relationship) _____
 Other (Please indicate reason) _____

I will require a substitute: Yes No

Substitute Name _____ Date and Time (To be completed by Supervisor) _____

Employee Signature _____ Date _____

# Of Hrs Remaining _____	As Of _____
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Supervisor's Approval _____ Date _____