



NORTH ADAMS COMMUNITY SCHOOLS

Admin Office: 625 Stadium Drive | Decatur, IN | 260-724-7146

REQUEST FOR LEAVE

This form should be used to request Vacation Time or Personal Day[s]

Today's Date: _____

Name: _____

Position: _____ Building/Department: _____

DETAILS OF LEAVE/ABSENCE:

Type of Leave/ Absence: _____

From: _____

To: _____

Full Day

Half Day

Multiple Days

Comments:

Approval of Immediate Supervisor: _____ Date: _____

Approval of Central Office: _____ Date: _____

This form must be signed by the immediate supervisor. Your immediate supervisor will forward the approved request to Lori Baumer at the Central Office for final approval. This form should have final approval at least one day prior to the proposed absence.

Save as: Username_Month_Day_Year (use start date of leave)

Example: smithj_1_1_2020