

**TARKIO SCHOOL DISTRICT
REQUEST FOR LEAVE**

Name: _____

Date: _____

Date for which leave is requested: _____

Number of days requested: _____
(if $\frac{1}{4}$, $\frac{1}{2}$, or $\frac{3}{4}$ day, please state when you are leaving or arriving at school)

Type of leave requested:

_____ **Professional (please specify)** _____

_____ **Annual leave**

_____ **Unauthorized leave**

_____ **Vacation**

_____ **Jury Duty**

_____ **Court Subpoena**

_____ **Other (please specify)** _____

Assigned Substitute: _____

Phone Number: _____

Teacher's Signature: _____

Principal's Signature: _____