NOTE: This form is for the purpose of requesting and receiving approval for an absence from the classroom or office to participate in an activity/meeting organized by a teacher union.

I request _____ day(s) of Organizational Leave on the following date(s):

__________________________________________________

___ Substitute Required  ____ No Substitute Required

A substitute will be needed on the following date(s) ____________________________

Explain the purpose of this meeting__________________________________________

________________________________       ________________________________________

________________________________       ________________________________________

Employee Name (Print)

__________________________  __________________________
Employee Signature          Date

__________________________  __________________________
Principal Signature          Date

______ Approved

______ Not Approved

__________________________
Central Office Administrator

Revised 9/29/09