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

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 ____________________________

Supervisor’s Approval ____________________________ Date ____________________________