

Adena Local Schools

Association Leave Request

Date _____

Name _____

Date for which leave is requested _____

The signing of the record by requesting party shall be a certification that the facts and statements contained herein are true and correct, and that the Association Leave requested herein is in compliance with Article 4.06 of the Master Agreement.

Signature of Employee _____

Signature of AEA President _____

Signature of Principal _____

Signature of Superintendent _____

Approved _____

Disapproved _____

Please give a **copy** to the employee

Approved requests: Return original with appropriate cut-off list.