

REETHS-PUFFER SCHOOLS

ADMINISTRATOR VACATION/LEAVE REQUEST

Name: _____ Building: _____ Position: _____

Type of Leave: _____ Date(s): _____

This form must be submitted to the Superintendent's Office at least five (5) calendar days prior to the anticipated leave.

Comments: _____

Employee's signature: _____ Date: _____

Approval signature: _____ Date: _____