

HARRISON PUBLIC SCHOOLS

REQUEST FOR LEAVING DURING WORKING HOURS

NAME: _____ **SCHOOL:** _____

Date of Request: _____

Date (s) of Leave: _____

A.M. _____ **P.M.** _____

Reason for leaving school during working hours:

Coverage needed? YES _____ **NO** _____

Signature _____

Approved _____

Denied _____

Principal, Supervisor, Supt., Dept. Head

Date

Comments:

