



Fort Calhoun

Community Schools

Gateway to the Past. Pioneers of the Future

Leave request form



Date: _____

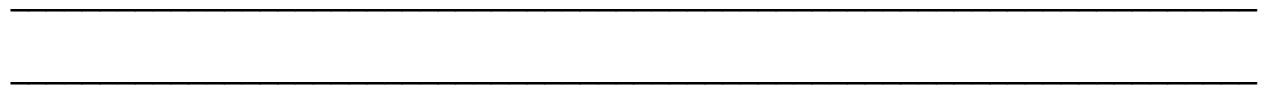
Name: _____

Type of Leave requested:

Beginning date: _____ Ending date: _____

Number of days requested: _____

Reason for leave: _____



If at all possible, forms should be submitted to your supervisor for approval two days prior to your absence. Your supervisor will forward complete forms to the Business Office at the Junior-Senior High building.

Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

