

SUBMIT IN DUPLICATE

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ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER

Request for Personal Leave

Name _____

Date _____

Position _____

Date of Absence(s) _____

Reason for Absence (check one):

____ 1. Observation of religious holiday requiring total absence from work

____ 2. Graduation exercises for employee, spouse or child

____ 3. Wedding in the immediate family

____ 4. Personal business that cannot be handled at any other time.

If Item #4 is selected, please specify reason for absence: _____

Signature of Employee

____ Approved

Superintendent

____ Disapproved

Date

If disapproved, state reasons _____
