

Atlantic Community Schools  
Administrative/Supervisor Leave Request

Date Submitted \_\_\_\_\_

\_\_\_\_\_ Sick Leave (Employee)

\_\_\_\_\_ Vacation Leave

\_\_\_\_\_ Professional Leave (Conferences/Visitations & Other Business Leaves)

\_\_\_\_\_ Death Leave (Family)

\_\_\_\_\_ Death Leave (Non-Family)

\_\_\_\_\_ Serious Illness Leave (Family)

\_\_\_\_\_ Other Leaves

Please Note: \_\_\_\_\_ Full Day    \_\_\_\_\_ Partial Day(\_\_\_\_\_ Note # of Hours Absent)

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Request: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Administrator or Supervisor Requesting)

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

Date of Response: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Superintendent's Signature)