



Elizabethtown-Lewis Central School District

PERSONAL LEAVE FORM - TEACHERS

TEACHER/FACULTY NAME: _____

DATE OF NOTIFICATION: _____

DATE OF EXPECTED ABSENCE(S): _____

I will need the following class coverages:

TIME	ROOM	CLASS

Teacher/Faculty Signature: _____ Date: _____

Instructions: If at all possible, complete this form and submit to your Administrator/Supervisor at least 5 days prior to the desired personal leave.

Administrator/Supervisor Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____