



# Westport Central School District

## PERSONAL LEAVE FORM - TEACHERS

TEACHER/FACULTY NAME: \_\_\_\_\_

DATE OF NOTIFICATION: \_\_\_\_\_

DATE OF EXPECTED ABSENCE(S): \_\_\_\_\_

REASON: \_\_\_\_\_

NO REASON

TIME OF DEPARTURE: \_\_\_\_\_ **OR** FULL DAY LEAVE: \_\_\_\_\_

*I will need the following class coverage(s):*

TIME	ROOM	CLASS

Teacher/Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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Administrator/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_