

Vacation/Personal Business Family Care/Community Participation\Comp Day/Personal Illness



Request/Reporting form for District Administrators

This form is to be utilized for all vacation, personal business, Community Participation, comp day requests, and for reporting the use of personal illness and family care by all district administrators. This form should be sent to the administrator's immediate supervisor. After the supervisor approves or denies, a copy will be sent to the requesting individual and the superintendent's office.

In addition to filling out this Request/Reporting form, all administrators are required to:

- Report all absences to the AESOP system to record the absence in payroll**
- Call/email immediate supervisor**
- Report any revisions to the original request to immediate supervisor**

ADMINISTRATOR'S NAME: _____

BUILDING/DEPARTMENT: _____

TODAY'S DATE: _____

REQUEST and/or REPORTING	DATES	APPROVED	DENIED
Personal Illness Day/s			
Family Care Day/s			
Personal Business Day/s		<input type="checkbox"/>	<input type="checkbox"/>
Comp Day/s		<input type="checkbox"/>	<input type="checkbox"/>
Vacation Day/s		<input type="checkbox"/>	<input type="checkbox"/>
Community Participation		<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

ADMINISTRATOR'S SIGNATURE: _____

No signature is necessary if this form is completed and attached with your email to your supervisor.

SUPERVISOR'S SIGNATURE: _____ **APPROVED DATE:** _____