HOONAH CITY SCHOOLS REQUEST FOR LEAVE		Employee Name (please print)			Employee Signature:
		Employee Assignment:			School (Secondary/Elementary)
Todays Date: / /	# Days/Hours Dat Requested: AM				
□ ANNUAL LEAVE □ SICK LEAVE □ EMPLOYEE □ OTHER/EXPLAIN: □ PERSONAL LEAVE □ BEREAVEMENT □ CIVIC LEAVE □ MILITARY LEAVE			□ PROFESSIO EXPLAIN: □ OTHER:		ONAL LEAVE
Principal's Approval Date:	Signature of Building Principal or Supervisor:			Signature of Superintendent (when applicable)	

SUBSTITUTE:

HOONAH CITY SCHOOLS		Employee Name (please print) Employee Assignment:			Employee Signature:
REQUEST FOR	School (Secondary/Elementary)				
Todays Date: / /		ys/Hours Date(equested: AM/F			
□ ANNUAL LEAVI □ SICK LEAVE □ EMPLOYEE □ OTHER/EXP	_		ONAL LEAVE		
□ PERSONAL LEA□ BEREAVEMENT□ CIVIC LEAVE			E2	XPLAIN: _	
☐ MILITARY LEA	VE				
Principal's Approval Date:	Signature of B or Supervisor:		incipal	Signature of applicable)	f Superintendent (when

SUBSTITUTE: