

Hoggetowne Middle School

Sick/Personal Leave Request Form

I, _____, request the following day(s) off from work: _____.

Reason for request:

_____ Personal

_____ Sick

I have provided the following materials for a substitute teacher:

_____ Class Roster

_____ Discipline Plan

_____ Lesson Plan

_____ Lunch List

_____ Attendance Cards

_____ Notification, to Chris, that a substitute is needed

_____ Hall Passes

_____ Emergency Procedures

Signature: _____

Date: _____

_____ Approved

_____ Denied

Reason for denial: _____

Principal's Signature: _____

Date: _____