

## WEST BRANCH AREA SCHOOL DISTRICT REQUEST FOR EARLY LEAVE **PROFESSIONAL STAFF**

	NAME:	DATE FILED:	
١.	Provisions:		
	All members of the bargaining unit are urged to schedule medical, dental and business appointments outside of working hours.  If this is not possible, all employees shall be permitted to leave school for a short period of time not to exceed four (4) times in any one school year covered by this Agreement without loss of pay, providing the following stipulations are met:  a. The employee notified the Principal or Immediate Supervisor as far as advance as possible.  b. Arrangement can be made, if necessary, to have other teachers with a free period perform substitute duty.  c. There is no cost to the district.  d. The employee is willing to sign a report of his time off indicating the reason (medical, dental, business, or other acceptable to the Administration).  e. The only exception to the four (4) times in any one school year could be made by the immediate supervisor of the individual making the request, in conjunction with the Superintendent.  f. This provision does not apply to full-day or half-day absences, but it does apply to any time off requested during the employee's regular work day.		
3.	Request:		
	EARLY LEAVE DATE:	1. MORNING: ARRIVAL TIME	
	REASON:	2. MID DAY: DEPARTURE TIME	
	APPOINTMENT TIME:	RETURN TIME	
	LOCATION (town/city):		
		3. AFTERNOON: DEPARTURE TIME	
Э.	Coverage Arrangements:		
	Teacher: Time:	*Free Period: Yes No	
	Teacher: Time:	*Free Period: Yes No	
	Teacher: Time:	Yes No	
	* Free period refers to time designated as a planning period, lu	inch period, or duty-free time before and after the student day.	
Э.	Approvals:  I hereby certify all information given	ven to be true and correct on this form.	
	Employee's Signature	Date	
	Signature of Principal, Supervisor, or Superintendent, indicates posted to employee's attendance record. Paid leave is determined to the supervisor of the s	s approval of leave only. Approval of paid leave is not granted until ined by contract or written school policy.	

Approved	Disapproved
Principal's or Supervisor's Signature	Date
Approved	Disapproved
Superintendent's Signature	 Date