ACS 07-07520		Arlington County Public Schools
Rev 04/2015	REQUEST FOR LEAVE S	LID
NAME	ISCHOOL OR DEPARTMENT	
NAME	SCHOOL OR DEPARTMENT	Employee ID
I am requesting leave and/or an approved Sick Leave:	absence on the following dates: Dates Absent	
days hours (please select one)		
Annual Leave (12 month employees):	Dates Absent	
days hours (please select one)		
Personal Leave (10/11 month employees): days hours (please select one	Dates Absent	
Professional Leave*: days hours (please select one	Dates Absent	
Civil Leave/Jury Duty**: days hours (please select one	Dates Absent	
Other Leave***: days hours (please select one	Dates Absent	
*Explain Professional Leave taken and/or attach Profe	essional Leave form.	
**Attach stamped receipt or letter of attendance for Ci	vil Leave/Jury Duty .	
***Explain Other Leave taken	NOTE OF BUILDING	NUDO.
	NOTE: C/D/M/X Scales - leave may be taken in HO A/E/G/T/P Scales - leave may be taken in 1/2 DAY inc	
NOTE: Principals taking Annual Leave: please note o	n the back of this form the name, address, and phone number of t	the person responsible for your building during your absence.
SIGNATURE OF EMPLOYEE		DATE OF SIGNATURE
SIGNATURE OF IMMEDIATE SUPERVIS	OB	DATE OF SIGNATURE
SIGNATURE OF IMMEDIATE SUPERVIS	OR	DATE OF SIGNATURE
ACS 07-07520 Rev 04/2015	REQUEST FOR LEAVE S	Arlington County Public Schools
NAME	ISCHOOL OR DEPARTMENT	Employee ID
IVANIE	SCHOOL ON DEPARTMENT	Limployee ID
I am requesting leave and/or an approved	absence on the following dates:	
Sick Leave:	Dates Absent	
days hours (please select one)		
Annual Leave (12 month employees): days hours (please select one)	Dates Absent	
Personal Leave (10/11 month employees):	Dates Absent	
days hours (please select one)		
Professional Leave*: days hours (please select one)	Dates Absent	
Civil Leave/Jury Duty**: days hours (please select one)	Dates Absent	
Other Leave***: days hours (please select one)	Dates Absent	
*Explain Professional Leave taken and/or attach Prof **Attach stamped receipt or letter of attendance for Ci ***Explain Other Leave taken		
	NOTE: C/D/M/X Scales - leave may be taken in HO A/E/G/T/P Scales - leave may be taken in 1/2 DAY inc	
NOTE: Principals taking Annual Leave: please note o	n the back of this form the name, address, and phone number of t	
SIGNATURE OF EMPLOYEE		DATE OF SIGNATURE
SIGNATURE OF IMMEDIATE SUPERVIS	OR	DATE OF SIGNATURE
SIGNATURE OF DIVISION SUPERINTEN	DENT (FOR ADMINISTRATOR'S ANNUAL LEAVI	E IN EXCESS OF TWO WEEKS)