

SHAMOKIN AREA SCHOOL DISTRICT

ASSOCIATION DAY LEAVE REQUEST*

NOTE: Please complete and submit to the building principal in advance of requested leave.

NAME _____ DATE _____

DATE(S) OFF _____

REASON FOR REQUEST _____

*Article VIII-Section H grants the Association an aggregate total of ten non-cumulative school days per year. This request is day No. _____.

Principal/Supervisor Date

Approved ____ Not Approved ____

Date Recorded _____

By: _____
Secretary

Superintendent Date

(Administration Copy)

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