

DRAPER 3 STAFF LEAVE REQUEST

OF C-4.3

Please submit your form to: Todd Cl	nristensen		
Staff Member Name:Today's Date:			te:
Grade:	le:Position:		
Classroom Co-Worker (Elementary):			
Reason For Request:			
Date(s) Requested Off:(month, date	, year)		
Time Request off:(all day, half day, part day	v. etc)		
Group Instructors: Groups & Times:_			
Substitute Needed For: Math Group (please check all that apply)	Reading Group	Spelling Group	☐ Classroom
Lunch Coverage	☐ Recess Coverage	☐ Carpool	Other (specify)
Teachers: I understand that missed timededucted from my pay and that I may be Request received by:	e required to pay for	my substitute throug	h a payroll deduction.
Trequest received by:		Bute Receiv	
	O FFICE		
Substitute Name:			
Substitute Phone Number:			
PTO Time Remaining as of Last I	Payroll: Please see (Connie Sims, HR D	irector csims@apamail.org
If this was a same day emergency the Admin. Director Initials:		1	Yes No
Administrative Approval: Yes		No	
Administrator Name:		Date:	
Administrative approval on this form that the absence requested is for a purmedical procedure, or other emergence approved purposes. Non-approved remployee notifies administration via employee notifies administration via employee remarks a procedure.	rpose outside of the c cy. Non-approval inc equests will still be p email that they will be	employee's control, solicates the request is rocessed and substitute in attendance.	uch as a funeral, non-elective for a purpose outside the tes arranged for unless the
Please remember, "We do what's best present each and every school day. W			

Achieving Academic Success and Developing Good Character