

EMPLOYEE REQUEST FOR TIME OFF

Spartanburg Christian Academy

Today's Date _____

Employee's Name _____ Position _____

Date Requested _____ ☐ Full Day

Date Requested _____ ☐ Half Day (7:30-11:30)

Date Requested _____ ☐ Half Day (11:30-3:15)

Reason for Time Off ☐ Personal ☐ Professional (Please Explain): _____

Is a Sub needed? ☐ Yes ☐ No

Do you have morning/afternoon duty? ☐ No ☐ Yes If Yes, list **where** and **what time** _____

Substitute Lesson Plans will be located (where) _____

Any specific instructions for the substitute _____

Office Use Only

Substitute will be _____