

EMPLOYEE REQUEST FOR TIME OFF

Spartanburg Christian Academy

Today's Date _____

Employee's Name _____ Position _____

Date Requested _____

- Full Day
- Half Day (7:30-11:30)
- Half Day (11:30-3:15)

Reason for Time Off

Personal

Professional

Is a Sub needed?

Yes

No

Do you have morning/afternoon duty?

Yes

No

If yes, **where** and **what time**? _____

Sub Lesson Plans will be located _____

OFFICE USE ONLY:

Principal Approval: _____ Date: _____

Sub Coordinator: _____ Date: _____

Sub will be _____