

Positive Directions  
Request for Time Off

Print Name: \_\_\_\_\_

School: \_\_\_\_\_

Date Requested: \_\_\_\_\_ No. of Days Requested: \_\_\_\_\_

Time Period Needed Covered: \_\_\_\_\_ Reason: \_\_\_\_\_

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Authorized Principal or Designated Signature & Date

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Employee Signature & Date

\*\*Fax to Positive Directions at (302)654-9445. Please have this form sent in at least 48 hours in advance of this request. In case of emergency or sickness – follow up with this form once you get back to your school. Get your principal to sign this form so they will have a record of your absences. Once your principal approves this request, it must also be approved by the Positive Directions owner or supervisor.

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FOR PD OFFICE USE ONLY

Approved by Positive Directions Owner and/or Supervisor:  
(Please circle response):      Yes      or      No

Reason for approval or denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substitute Needed:  
(Please circle response):      Yes      or      No

Substitute Assigned: \_\_\_\_\_

Date of Assignment: \_\_\_\_\_

In Computer:  
(Please circle response):      Yes      or      No