

Positive Directions
Request for Time Off

Print Name: _____

School: _____

Date Requesting Off: _____ No. of Days Requested: _____

Hours Needed Covered (Ex. 7am – 4pm): _____ Reason: _____

Authorized Principal or Designated Signature & Date

Employee Signature & Date

**Fax to Positive Directions at (302) 654-9445. Please send this form at least 48 hours in advance of this request. Please have your principal sign this form so they can approve your absence and will also have a record for themselves.

You **MUST confirm with the office that your request has been received**

THE REQUEST FOR TIME OFF FORM DOES NOT EXCUSE THE ABSENCE – ALL ABSENCES UNEXCUSED UNTIL A NOTE IS TURNED IN

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

Note Turned In:
(Please circle response): Yes or No