

Positive Directions
Request for Time Off

Print Name: _____

School: _____

Date Requested: _____ 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 to 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**

FOR PD OFFICE USE ONLY

Positive Directions Owner and/or Supervisor?
(Please circle response): Excused or Unexcused

Reason:

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

Substitute Assigned: _____

Date of Assignment: _____

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