

OUT OF SYSTEM REQUEST

NAME: _____

POSITION/ASSIGNMENT: _____

DATE SUBMITTED TO SUPERINTENDENT: _____

DATES OUT OF SYSTEM: _____

PURPOSE OF ABSENCE: _____

MEETING LOCATION & PHONE NUMBER: _____

OVERNIGHT ACCOMMODATIONS & PHONE NUMBER: _____

This form is to be submitted to the Superintendent at the earliest possible date prior to the dates of absence. This form is to be submitted only if you plan to be involved in an out of system function for ½ day or more.

The purpose of this form is to better enable our system to run efficiently and effectively. Your cooperation is appreciated.

Approved Disapproved Principal _____ Date _____

Approved Disapproved Supervisor _____ Date _____

Approved Disapproved Director of Instruction _____ Date _____

Approved Disapproved Director of Schools _____ Date _____