

FARMERSVILLE INDEPENDENT SCHOOL DISTRICT

Personal Day Application

(request for personal absence before or after a holiday)

Today's Date: _____

Employee Name: _____

Campus: _____

Requested Absence Date _____

Reason for Absence: _____

Campus Principal Signature: _____

(signature indicates receipt of request)

Date Received by Administration: _____

Administration Approval: _____

Administration Denial: _____

Administration Signature: _____