

**NORTH MUSKEGON PUBLIC SCHOOLS**  
**North Muskegon, Michigan**

**STAFF TIME OFF REQUEST**

Date Submitted: \_\_\_\_\_

**Sick**                       **Emergency**                       **Personal**                       **Vacation**

Employee Name: \_\_\_\_\_

Date(s) of Leave: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Superintendent)

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

Substitute Required: \_\_\_\_\_

Special Instructions to Substitute: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entered into AESOP: \_\_\_\_\_