



*Administrative Center*

# ZANESVILLE CITY SCHOOLS

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## APPLICATION FOR ASSOCIATION LEAVE

Employee's Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

School Assignment \_\_\_\_\_

Day for which Association Leave is Requested \_\_\_\_\_

Has Association Leave been granted this school year? \_\_\_\_\_

A Substitute will be needed \_\_\_\_\_ A Substitute will not be needed \_\_\_\_\_

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Association President Signature

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Superintendent and/or Designee

\_\_\_\_\_  
Date