



Administrative Center

ZANESVILLE CITY SCHOOLS

956 Moxahala Avenue, Zanesville, Ohio 43701

CLASSIFIED STAFF REQUEST FOR PERSONAL LEAVE

Employee's Name: _____ Date Submitted: _____

Building or Other Assignment: _____

Leave to begin: _____
Date

Leave to end: _____
Date

Reason for request: _____

Has prior Personal Leave been granted during this school year? ☐ Y ☐ N Number of days: _____

Signature of Employee

APPROVED BY: _____
Principal or Supervisor

Date

APPROVED BY: _____
Superintendent or Designee

Date