

NORTHWESTERN CONSOLIDATED SCHOOL DISTRICT
OF SHELBY COUNTY

PAID TIME OFF REQUEST

Please submit completed form to Principal's/Supervisor's office for approval.

Date _____

____ PTO Day

____ Vacation Day

____ Bereavement Day -- Please list family relationship _____

Employee Name _____

Building Assignment _____

Number of Days Requested _____

Date of Requested Time Off _____

Employee Signature

PRINCIPAL/SUPERVISOR ACKNOWLEDGEMENT:

Date _____

Comments _____

Principal/Supervisor Signature