

YORKTOWN INDEPENDENT SCHOOL DISTRICT
YORKTOWN, TEXAS
PERSONAL LEAVE

Complete in DUPLICATE and send both copies to the Administration Building.

Name: _____ SS#: _____

DATE REQUEST TURNED IN: _____ DATE LEAVE REQUESTED: _____

TIME OFF REQUESTED: ½ Day _____ 1 Day _____ Other _____ Days

SIGNED: _____

SIGNATURE

APPROVED

DISAPPROVED

Principal/Supervisor _____

Business Manager _____

Superintendent _____

REASON FOR DISAPPROVAL: _____

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