

The Huda Academy

3221 Anna Street :: Little Rock, AR 72204

Phone: 501-565-3555 Fax: 501-565-3203

WHERE GUIDANCE PROMOTES EXCELLENCE

REQUEST FOR LEAVE

PLEASE NOTE: THIS IS A "REQUEST" FORM. ANY LEAVE IS SUBJECT TO ADMINISTRATIVE APPROVAL

NAME: _____ TODAY'S DATE: _____

DATE(S) REQUESTED: _____ DATE RETURNING: _____

REASON:

SELECT ONE OF THE FOLLOWING:

PERSONAL DAY [] SICK LEAVE [] OTHER []

SUBSTITUTE FOLDER AVAILABLE?: YES [] NO []

ITEMS IN SUBSTITUTE FOLDER MUST INCLUDE:

STUDENT ROSTER []
STUDENT SEATING CHART []
LESSON PLANS []
STUDENT ASSIGNMENTS []
TEACHER DUTIES []
TEACHER SCHEDULE []
STUDENT SCHEDULE []
CLASS MGMNT. POLICY []

NOTE TO ADMINISTRATOR(S) / OFFICE:

SIGNATURE

DATE

PRINCIPAL / ADMIN / HR SIGNATURE

DATE

APPROVED [] DECLINED []

BEFORE SCHEDULING A DAY OFF, PLEASE NOTE:

- 1) TURN IN THIS REQUEST FORM THREE DAYS IN ADVANCE
- 2) SUB. FOLDER MUST BE COMPLETE (SEE ABOVE CHECKLIST) AND READILY AVAILABLE
- 3) COMPLETE THE SUB EVALUATION FORM AND RETURN IT TO THE OFFICE UPON YOUR RETURN
- 4) UPDATE THE SUB. FOLDER AND RETURN IT TO THE OFFICE