

**NORTON CITY SCHOOLS
P. O. BOX 498
NORTON, VA 24273**

REQUEST OF PRINCIPAL/SUPERINTENDENT FOR LEAVE

NOTIFICATION DATE _____

1. **PROFESSIONAL:** _____ 2. **PERSONAL:** _____ 3. **SICK** _____ 4. **VACATION:** _____
USED TO DATE: _____ **USED TO DATE:** _____ **USED TO DATE:** _____ **USED TO DATE:** _____

2. **Date(s) on which leave will be taken** _____

3. **Reason for request (Professional and Sick Leave Only: Please be specific as to name of places, organizations, etc. for professional leave and type of medical leave - dentist, doctor, etc. for sick leave.)**

4. **Major professional benefit to be derived (Professional Leave Only)** _____

5. **Source of funds (Professional Leave Only)** _____

6. **Are you initiating this plan or was it suggested to you by an administrator in the Norton City Schools? (Professional Leave Only)** _____

Signature

Principal's Acknowledgment, Approval and Comments: _____

Date

Signature of Principal

Superintendent's Action: _____

Date

Signature of Superintendent