SPENCERPORT CENTRAL SCHOOL

APPLICATION FOR CHILD CARE LEAVE OF ABSENCE

NAME					
	(Last)	(First)			
ADDRESS					
	(Street)				
	(City/Village)	(State)		(Zip)	
DATE OF APPLICATION		Application is made herewith			
for a Child Care Leave of Absen	ce commencing on:	(N/f + 1- \)	(D)	(37	
		(Month)	(Day)	(Year)	
I plan to return to my teaching of	duties on:				
		(Month)	(Day)	(Year)	
(SIGNATURE - Teach	er)	·		
					
APPROVAL:					
	1				
Date	BUILDING	PRINCIPA	L		
	2.			······································	
Date	SUPERINT	ENDENT O	F SCHOO	LS	
	3.				
Date	PRESIDEN	PRESIDENT, BOARD OF EDUCATION			

DISTRIBUTION:

Teacher - white Building Principal - yellow Superintendent of Schools - pink

(PLEASE PRINT OR TYPE)