



Cartersville City Schools
Human
Resources

Request for Personal Leave
Special Approval
for a Critical Day

Name: _____

SCHOOL: CPS CES CMS CHS OTHER

Date(s) Requested for Approval: _____

Special approval leave is for a "Once in a Lifetime Event". This is a ONE time request.

Reason for Request:

By signing this request form, I acknowledge I have read the Employee Handbook, specifically, Section 4 on Attendance and Critical Days (p.28)

Employee Signature: _____

Your Principal/Supervisor signs below not for approval, but to acknowledge they were notified about the special approval leave request.

Principal Signature: _____

****After the form receives a Principal's Signature, it should be sent to Mr. Weaver.**

Central Office Use Only

Date Request Received

Approved _____ Denied _____

Signed _____

Date _____