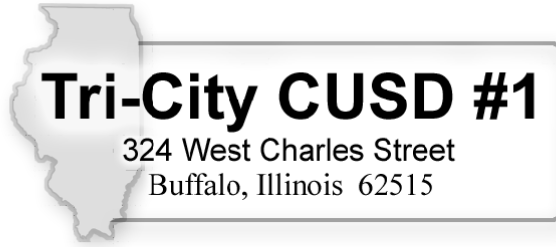




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 Superintendent
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 Elementary Principal
 Phone: (217) 364-4035
 Fax: (217) 364-9418
 kcummins@tricityschools.org

CERTIFIED STAFF TIME OFF APPROVAL FORM

EMPLOYEE: _____

REQUESTED DATE: _____

CIRCLE TIME OFF: **AM** **PM** **FULL DAY**

CIRCLE TYPE: **SICK** ***PERSONAL** ****BEREAVEMENT** **PROFESSIONAL DEVELOPMENT**

SUPERVISOR'S SIGNATURE: _____

*Personal per page 21 of TCEA Contract
 **Bereavement per page 22 of TCEA Contract

Once approved, please make a copy and send to Payroll.

*****OFFICE USE ONLY

_____ SUBSTITUTE NAME