

**CLIO AREA SCHOOLS
PERSONAL BUSINESS LEAVE
APPROVAL REQUEST FORM**

I, _____, hereby request administration
(Name)

Approval for _____ personal business day(s) on the following date(s)
(Number)

_____, _____, _____, _____
(Day of week) (Month) (Day) (Year)

in accordance with Article _____, Paragraph _____, of the Master Agreement between the
Clio Area School District and the _____.

Approved

Not Approved

Employee's Signature Date

Approved

Not Approved

Supervisor's Signature Date

Superintendent's Signature Date