

# FAMILY SCHOOL PARTNERSHIP TIME OFF REQUEST

I \_\_\_\_\_, Pay# \_\_\_\_\_, am requesting to be  
(NAME OF REQUESTER)  
considered for time off on \_\_\_\_\_, \_\_\_\_\_,  
(DATE REQUESTED) (POSITION)  
\_\_\_\_\_/\_\_\_\_\_  
(WATCH) (HOURS OF ASSIGNMENT)

under the provisions of the Family/School Partnership Act. I understand that I am entitled to eight hours per month and up to forty hours per year to attend school activities for my children in grades Kindergarten through 12. I further understand that I must provide written documentation from the school verifying that I participated in the school activity on the date and time specified.

Name of child \_\_\_\_\_ Relationship \_\_\_\_\_

School activity \_\_\_\_\_ Date and time \_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME) (SIGNATURE)

\_\_\_\_\_  
(DATE SUBMITTED)

APPROVED/DISAPPROVED

Personnel Assignment Lieutenant  
Central Operations

Original: Appropriate Watch Board  
cc: Personnel Assignment Office  
Correctional Captain, Central Operations  
Employee