



Date Requested: _____

Request for Approval of "School Business Days"

"School business days" may be utilized by each campus nurse according to the allocation assigned. Approved school business days will not be considered absences in computing staff attendance rates. In addition, requests may be approved in advance with the use of this form to the Coordinator of Health Services at least seven working days prior to need.

Please check the purpose for the requested school day(s) and provide clarification in the space provided below. Please name the substitute assigned.

_____ Participation in approved in-service opportunity

_____ Participation in a state or national conference

_____ Participation in training professional staff members, as requested by the Coordinator of Health Services

_____ Service on a district committee that must meet during regular school hours

_____ Other (must serve the established educational goals of the nurse).

Staff Member _____ School _____

Date of absence affected by this request: _____

Substitute Assigned: _____

Recommended by Principal: _____ Date: _____

Approved: Yes _____ No _____ Coordinator of HS: _____ Date: _____

(Submit to Coordinator of HS at least 7 working days in advance.)