

Birdville Independent School District

**SCHOOL BUSINESS DAYS
Athletic Department**

******PLEASE COMPLETE AND RETURN TO OFFICE PRIOR TO ABSENCE******

Employee's Name

Date

Department

Position

Dates of School Business Day(s)

If date is for a PLAY OFF GAME, please

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

CHECK THIS BOX

Purpose of School Business Day(s) _____

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*******FOR OFFICE USE ONLY*******

Account to be charged for School Business Day(s)

PLAY OFF account to be charged for School Business Day(s)

Approval _____
(Principal Signature)

Approval _____
Assistant Director of Athletics; Lesa Master Signature)