



BIRDVILLE INDEPENDENT SCHOOL DISTRICT

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## LEAVE DAY REQUEST FORM FOR COOPERATING TEACHER

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*Please complete and return this form to Suzy Compton in Human Resources.*

Date:

Campus:

Cooperating Teacher:

Date(s) of Absence:

Grade/Assignment:

Student Teacher:

University:

Grade Level/Subject:

I am requesting one (1) day of personal leave or two half days of personal leave, if applicable, on the date(s) indicated above. I understand that I am not to call this absence into the sub system and that this day will not be applied against any accumulated sick leave or personal leave under the district's leave policy. Furthermore, I understand that my campus principal or supervisor has the final authority in approving this request.

*Cooperating Teacher's Signature*

*Date*

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*(To be completed by the student teacher):*

I agree to take full responsibility of the classroom, as indicated above, and I have been informed of my duties and responsibilities.

*Student Teacher's Signature*

*Date*

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I agree to supervise the student teacher above on the day requested.

*Name of Supervising Teacher*

*Supervising Teacher's Signature*

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*(To be completed by the building principal or assistant principal)*

To my best professional judgment, I affirm that the student teacher listed above is capable and willing to assume total responsibility of this classroom on the date(s) indicated.

*Signature of Principal / Assistant Principal*

*Date of Approval*

**Please return completed form to John Campbell in Human Resources.**

02/24/2021

bb/HR