

South Miami Middle Community School

Request to Leave Campus

(This completed form is to be given to Ms. Urbina prior to leaving campus)

Name: _____ Employee #: _____

Department: _____ Date Requesting Leave: _____

Date of Leave: _____ This is my _____ request to leave campus early or arrive late.

Time Leaving: _____ Time returning: _____

Comment: _____

FYI: The official work day is from 7:40 am until 3:00 pm.

(Attach a list of students with location/s)

Name of faculty member(s) who is/are covering	Location

Reminders:

- Provide the details of student supervision (list of students with location/s) to Main Office and post on door
- Ensure you have secured administrative approval and signature
- Upon securing approval and prior to leaving campus, you must sign in/out in the Off-Campus Log Book by Ms. Urbina's desk

For office use only

_____ Approved

Principal/Designee Denied