



AQUARELLE KIDS
a c a d e m y

STAFF REQUEST FOR LEAVE FORM

V-1008

STAFF NAME:	
REQUESTED DATE:	
REASON:	
SIGNATURE:	DATE:

OFFICE USE ONLY	
Your application has been:	
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
NOTES:	
DIRECTOR'S SIGNATURE:	DATE: