



# Jefferson Christian Academy

Address: 3060 FM 728, Jefferson, TX 75657 | Phone: (903) 665-3973 | FAX: (903) 665-5987  
Email: [jca.info@jeffersonchristianacademy.org](mailto:jca.info@jeffersonchristianacademy.org) | Website: [www.jeffersonchristianacademy.org](http://www.jeffersonchristianacademy.org)

## Request Form – Staff Leave

Name of Staff: \_\_\_\_\_

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Leave: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Return: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Leave: \_\_\_\_\_

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Provisions made for substitute or relief: \_\_\_\_\_

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Remarks by administrator: \_\_\_\_\_

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Staff Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_