

**Niagara Falls City School District  
Office of Human Resources**

**PERSONAL BUSINESS REQUEST FORM**

**\*\* 48 Hour Notice**

**SUBMIT TO SUPERVISOR\***

**Send original to the Human Resources Office.  
If requesting half day, please indicate either AM or PM**

**Name** \_\_\_\_\_

**Position** \_\_\_\_\_

**Location** \_\_\_\_\_

**Date (s) Requested** \_\_\_\_\_ A.M. ☐

P.M. ☐

**Date (s) Requested** \_\_\_\_\_ A.M. ☐

P.M. ☐

**Sub Needed**            Yes ☐   No ☐

**Adjacent to Holiday**   Yes ☐   No ☐

**If yes, state reason:** \_\_\_\_\_

\_\_\_\_\_

**Supervisor Approval**

**Approved** ☐

**Denied** ☐

**Reason:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Administrator Signature**

\_\_\_\_\_  
**Date**

**\*NFT Supervisors do not have to sign.**

**HUMAN RESOURCES APPROVAL**

**Personal Leave Balance after requested  
day(s)** \_\_\_\_\_

**Approved** ☐

**Denied** ☐

**Reason:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**If you would like confirmation, attach one (1) copy of this form.**