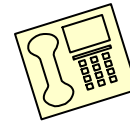


TO: **Transportation Office (Must be Pre-Approved)**  
**TELEPHONE REQUESTS ONLY IN CASE OF EMERGENCY OR SICKNESS**

FROM: Full Name \_\_\_\_\_

Bus Number \_\_\_\_\_ Position: \_\_\_\_\_

Driver / Aide / Sub



Date(s) requested off: \_\_\_\_\_  
Indicate for each day either AM or PM or AM & PM

Charge my Time off as: \_\_\_\_\_ Reason: \_\_\_\_\_  
Sick-Personal-Military-Jury-Court-LWOP Explain

**FOR DRIVERS:**

Schools Served: \_\_\_\_\_ AM \_\_\_\_\_ PM

Address where Bus is parked: \_\_\_\_\_

Time to Depart Parking Spot \_\_\_\_\_ AM \_\_\_\_\_ PM

**First Run:**

1st AM Pickup: Location \_\_\_\_\_ Time \_\_\_\_\_ AM

2nd AM Pickup: Location \_\_\_\_\_ Time \_\_\_\_\_ AM

Provide Directions to first two stops \_\_\_\_\_

**Second Run:**

1st AM Pickup: Location \_\_\_\_\_ Time \_\_\_\_\_ AM

2nd AM Pickup: Location \_\_\_\_\_ Time \_\_\_\_\_ AM

Provide Directions to first two stops \_\_\_\_\_

Does this Route include a mid day or after school activity run?

Give Details: \_\_\_\_\_

If there is an Aide: Name \_\_\_\_\_

Where do you meet the Aide?

AM Location \_\_\_\_\_ AM Time \_\_\_\_\_

PM Location \_\_\_\_\_ PM Time \_\_\_\_\_

**FOR AIDES:**

Bus Drivers Name \_\_\_\_\_

Where do you meet the Bus?

AM Location \_\_\_\_\_ AM Time \_\_\_\_\_

PM Location \_\_\_\_\_ PM Time \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: Approved or Denied \_\_\_\_\_

**PLEASE NOTE:** Requests for personal days off may be denied due to personnel requirements of this department and its primary mission. Submit one request for each payroll week (Sat – Fri)