



Central Elementary – High School
Permit for
LEAVING CAMPUS EARLY OR DURING THE SCHOOL DAY

Contact the principal before you complete form

Employee _____ Assignment _____

Day _____ Date _____ Time Departed _____ Signature _____

Time Returned _____ Signature _____

Location visited _____ Reason _____

Note: Your time will be carefully accounted for. When the total time equals to a full day your time will be debited.

Principal Signature _____ Date _____