**GRANDVIEW HEIGHTS CITY SCHOOL DISTRICT**
**REQUEST FOR APPROVAL OF COACH RESPONSIBILITY LEAVE**

Please secure principal and athletic director approval prior to sending to Board Office.

Upon your return, report itemized costs on the Evaluation and Expense Report Form to the Treasurer's Office with supporting receipts for reimbursement.

Name of Staff Member _____

Sport _____

Leave requested for: _____ Supervision of Athletes _____ Coach's Clinic

_____ Attend State Tournament

*Attendance at Clinics and Tournaments limited to two per year for head coaches and 1 per year for assistant coaches.

Location _____
City State

Date(s) _____

Day(s) away with school in session _____

Substitute required? Yes No Cleared date(s) with Board Office? Yes No

_____ _____
Athletic Director Date

_____ _____
Principal Date

_____ _____
Superintendent Date

1 copy – Superintendent
1 copy – Principal
1 copy – Personnel File
1 copy – Athletic Director