



Spooner Area School District

801 County Highway A · Spooner, WI 54801 · 715-635-2171 · www.spooner.k12.wi.us

ADDITIONAL PERSONAL LEAVE SKYWARD ALLOCATION FORM

USE THIS FORM WHEN 8 HOURS HAVE BEEN ACCUMULATED
AND SKYWARD TIME OFF NEEDS TO BE ALLOCATED

Complete this form and submit to the District Office for allocation of additional personal leave in Skyward Time Off.
Attach qualifying events form to this document for submission.

Supervisor Name:	
Staff Name:	
Number of Personal Leave Days Earned: <i>(not to exceed 3)</i>	

Supervisor Signature

Date Approved

Complete this form and submit to District Office for Time Off Allocation. Be sure to attach all documentation of qualifying events.