THE NEW YORK CITY DEPARTMENT OF EDUCATION

Dez Ann Romain, Principal
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Brooklyn, New York 11212

Brooklyn Democracy Academy
Tel.718-342-6348
Fax.718-342-6708

Early Departure or Late Arrival

Date: _____

Teacher: _____

Date Submitted: _____

I am requesting permission to ☐ Report Late ☐ Leave Early because of ☐ Personal Business ☐ Medical Illness ☐ Other: _____

_____ Day of the Week

_____ Date

_____ Time of Day

If approved, I will need the following periods covered:

Period	Class	Room

I understand:

☐ Punch Time card upon arrival or departure.

☐ Emergency lesson plan / Daily Assignment submitted to **Ms. McKenzie** in the main office.

Approving Administrator:_____ **Date:** _____