

MERIWETHER COUNTY SCHOOL SYSTEM

LEAVE FORM

NAME _____ Additional Information: _____

Number of days absent _____

Dates of Absence _____

Record Absence as _____.

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REQUEST FOR LEAVE

- Sick Leave – **Please indicate if** : Planned: _____ or Emergency: _____
- Bereavement: (Deducted from sick leave)
- Personal: (Up to 3 days from sick leave)
- Jury Duty: (Subpoena attached)
- Military Leave: (Attach copy of orders)
- Sick Leave Bank: (Must be approved through Personnel office.)
- Annual/Off-Contract leave: (Vacation or Non-Contract days * 12 month employees only)
- Worker's Compensation (Must be approved through central office.)
- Other: _____

Staff Development: (*This form is not to be used for Staff Development*)

Employee's Signature

Date

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LINE OF DUTY

- Line of Duty: My Supervisor requested that I attend _____

In _____ . (Estimate of expenses if requested is:)

Registration _____

Requested amount to be paid by:

Lodging _____

System _____ # of students _____

Food _____

Employee _____

Transportation _____

School _____

Estimated Total Requested: _____

Employee's Signature

Date

Supervisor's Signature

Superintendent's Signature