

## GEORGE COUNTY SCHOOLS Personnel Leave Request

**SECTION ONE** (TO BE COMPLETED BY EMPLOYEE)

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**Leave Category:**

- Sick
- Comp Time
- Personal
- Vacation (for 240 day Personnel)
- Other (Please Explain) \_\_\_\_\_

**Substitute Name:** \_\_\_\_\_  ½ Day  Whole Day

(Professional Leave Requests should be submitted on the Professional Leave Application)

**Dates Requested** \_\_\_\_\_ **Through** \_\_\_\_\_ **Total Days** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**SECTION TWO** (TO BE COMPLETED BY SUPERVISOR)

**Approved**  **Denied** Reason for Denial \_\_\_\_\_

\_\_\_\_\_  
**Principal/Director/Supervisor's Signature** \_\_\_\_\_  
**Date**

This form must be completed and approved **prior** to taking leave.