

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** _____

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.