

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.