

# MERIWETHER COUNTY SCHOOL SYSTEM

## LEAVE FORM

NAME \_\_\_\_\_ Additional Information: \_\_\_\_\_

Number of days absent \_\_\_\_\_

Dates of Absence \_\_\_\_\_

Record Absence as \_\_\_\_\_.

## 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

## 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**