

# Toombs County Schools

## Sick & Personal Leave Request Form

Employee \_\_\_\_\_

School/Department \_\_\_\_\_

Date(s) of requested leave:

\_\_\_\_\_ (Circle requested choice  $\frac{1}{4}$   $\frac{1}{2}$   $\frac{3}{4}$  1 )

If less than full day, note time leaving/arriving \_\_\_\_\_

Type of Leave: (Circle requested leave)      **Sick-Self**      **Sick-Family**      **Personal**

**Jury Duty**      **Military**      **Bereavement**

During any school year a school employee may utilize up to a maximum of three (3) days of any accumulated sick leave for the purpose of absenting himself/herself from his/her duties for personal or professional reasons, if 3 days prior approval is given. These days count as part of the regular sick leave days.

Will substitute teacher be needed?      **YES**      **NO**

Signature of teacher \_\_\_\_\_ Date requested \_\_\_\_\_

Signature of principal \_\_\_\_\_ Date approved \_\_\_\_\_

Signature of superintendent (Personal only) \_\_\_\_\_ Date approved \_\_\_\_\_

-In the event of an emergency, how may you be reached during the leave?  
Telephone number \_\_\_\_\_