

MCINTOSH COUNTY SCHOOLS REPORT OF ABSENCE/REQUEST FOR LEAVE FORM

EMPLOYEE'S NAME:

SOCIAL SECURITY #: (Last 4 Digits)

XXX - XX -

SCHOOL/DEPT:

TODAY'S DATE:

Please Indicate with a (✓):

Sick (check one)
 Self
 Spouse
 Child
 Parent/Step Parent
 Other (Specify) _____

Vacation Leave
 Personal Leave
 Bereavement
 Leave Without Pay
 Jury
 Military

Dates of Absence(s)

Number of Days Absent

Comments: _____

Employee's Signature: _____

Immediate Supervisor's Signature

Approval Recommended

Disapproval Recommended

Date

Comment(s): _____

CENTRAL OFFICE USE

Your request for leave has been:

Approved

Denied

Superintendent's/Designee Signature

Date