



Quitman County Board of Education

"Each Child, Each Day, No Excuses"

P. O. Box 248

Rt. 2 Kaigler Road

Georgetown, Georgia 39854

(229) 334-4189 Fax: (229) 334-2109

Absence Request

Absence Information

Employee Name: _____

Employee Social Security Number: _____

Substitute Needed: YES NO Substitute Assigned: YES NO

Type of Absence Requested: _____

Sick Vacation Bereavement Personal Leave

Military Jury Duty Maternity/Paternity Other

Dates of Absence: From: _____ To: _____

Reason for Absence: _____

You must submit requests for personal leave absences, other than sick leave, three days prior to the first day you will be absent.

Employee Signature _____ Date _____

Principal Approval

Approved

Rejected

Superintendent Approval

Approved

Rejected

Principal Signature _____ Date _____

Superintendent Signature _____ Date _____