

**WILKINSON COUNTY SCHOOL DISTRICT  
LEAVE REQUEST FORM**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date(s) Requesting Leave: \_\_\_\_\_

Return Date: \_\_\_\_\_ Total Number of Days: ½ Morning ½ Evening

1 Day      2 Days      3 Days      4 Days      5 Days      Other \_\_\_\_\_

\*\*\*\*\*

**TYPE OF LEAVE REQUESTED:**

_____ Sick	_____ Vacation
_____ Personal	_____ Leave without Pay
_____ School Business	_____ Jury Duty
_____ Other _____	

\_\_\_\_\_  
Signature of Employee Requesting Leave

\_\_\_\_\_  
Date

**NOTE:** This form is due to your immediate supervisor at least three days prior to the date of the request. However, in case of emergency, this form shall be completed upon your return to work.

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*Do not write below this line.*

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**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Approved    \_\_\_\_\_ Denied    \_\_\_\_\_ Schedule a Conference

\_\_\_\_\_  
Immediate Supervisor of Employee Requesting Leave

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent of Education (For 12 Month Employees)

\_\_\_\_\_  
Date