



North Tippah School District

Employee Leave Request Form

Name: _____ Last 4 of SS# _____ Date: _____

Date of Leave: _____ Substitute Teacher: _____

Reason for Request:

_____ Late Arrival _____ AM PM REASON _____

_____ Early Checkout _____ AM PM REASON _____

Time Returned _____ AM PM Time Missed: _____

_____ Illness

_____ Personal

_____ Vacation

_____ Jury Duty (Please attach Summons)

_____ School Business _____

_____ Approved

_____ Not Approved

Signature of Administrator _____ Date _____

Signature of Superintendent _____ Date _____

Prior to or after a Holiday: Approval _____ Not Approved _____