

TALIAFERRO COUNTY SCHOOL

FACULTY/STAFF REQUEST FOR SUBSITUTE L.EAVE

THIS FORM WILL BE USED FOR ALL EMPLOYEES. PLEASE FILL OLIT THE FORM AND RETURN TO THE PRINCIPAL. (FORMS MAY BE OBTAINED IN THE TEACHER WORKROOM)

IF YOU KNOW IN ADVANCE WHEN YOU WILL BE ABSENT, PLEASE FILL OUT THIS FORM AHEAD OF TIME. IF ILLINESS, ETC. OCCURS UNEXPECTEDLY.

PLEASE FILL OUT THIS FORM WHEN YOU RETURN TO WORK

NAME OF EMPLOYEE: _____

WILL. BE OUT ON: _____

FOR: _____ DAY(S.): _____

PARTIAL DAY LEAVE : _____

I WILL LEAVE (DAY OR TIME) _____ AND RETURN (DAY OR TIME) _____

I WILL BE OUT FOR THE FOLLOWING REASON (S)

1. () ILLNESS
2. () PERSONAL
3. () PROFESSIONAL _____

WORKSHOP/CONFERENCE-DESCRIPTION:

4. () (OTHER (JURY DUTY,ETC.) _____

OFFICE USE ONLY

() APPROVED

() REJECTED

SUBSITITUE _____

PRINCIPAL _____