



Coffeeville School District

Dexter Green, Superintendent

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96 Mississippi Street * Coffeeville, MS 38922
Phone (662) 675-8941 * Fax (662) 675-5004

REQUEST FOR LEAVE

Please Submit 5 Days In Advance

Employee Name: _____

District Site: C/O CES CHS Transportation Maintenance Cafeteria Athletics

TYPE OF LEAVE	Number of days	Dates Absent
Sick		
Personal		
Vacation		
*Professional		
Reason for Professional Leave: _____		
*If professional leave is not noted, leave will be denied and sick/personal leave will be charged.		
**Accumulated		
**(For use by secretaries for staff whose punched hours do not total 40 hours per week as documented on their time sheet.)		
***Un-reimbursed		
*** (A day taken before/after a holiday without a doctor's excuse and board approved leave without pay.)		

Must be completed by Substitute or no time will be paid.

Sub time in:	
Sub time out:	

Employee Signature: _____ Substitute's Signature: _____

For Administrative Purpose Only

- Approved
- Disapprove

0-2 hrs. = 1/4 day	2-4 hrs. = 1/2 day
4-6 hrs. = 3/4 day	6-8 hrs. = 1 day

Principal: _____ Superintendent: _____