WILKINSON COUNTY SCHOOL DISTRICT
LEAVE REQUEST FORM

Name: _____ Position: _____

Date(s) Requesting Leave: _____

Return Date: _____ Total Number of Days/Hours: 1 hour 2 hours

½ Morning ½ Evening 1 Day 2 Days 3 Days 4 Days 5 Days Other _____

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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

Revised: 7/1/2025