



**Miller County School System
Leave Form**

Name _____ Today's Date _____

1. A substitute is needed for (Date) _____

2. This absence will be:

_____ Sick Leave

_____ Personal Leave

_____ Professional Development

_____ Jury Duty

_____ **Coaching Duties: (Head/Asst. Coaching Only) _____

This is only for record keeping purposes. Time will not be counted.

3. Comments:

Please turn in your leave form three days prior to requested leave. This will give us time to get a substitute. If you are out sick, it is your responsibility to fill out this form when you return.

Faculty or Staff Member

Supervisor's Signature