



East Tallahatchie School



411 East Chestnut Street
Charleston, Mississippi 38921

Phone 662-647-5524 • FAX 662-647-3720

ENHANCED LEAVE FORM

| | |
|--|--|
| Employee's Name | <u>LEAVE REASON</u> |
| NA | <input type="checkbox"/> Sick/Family |
| Last 4 Digits of Social Security Number | <input type="checkbox"/> Personal |
| | <input type="checkbox"/> Death In Family/Funerals (counts as Sick/Personal) |
| Date(s) of Absence(s) | <input type="checkbox"/> Jury Duty/Military/Election (Military Orders/Jury Summons/Poll Worker Sign-in Sheet MUST BE ATTACHED) |
| <input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day | <input type="checkbox"/> Vacation |
| Substitute's Name | <input type="checkbox"/> School Business (FORM 202/203 MUST BE ATTACHED) |
| NA | <input type="checkbox"/> In-District Training/Duty (specify below) |
| Last 4 Digits of Social Security Number | Name of Training/Duty: _____ |
| | <input type="checkbox"/> Comp Time |
| Employee's Signature | Charleston High School |
| | Location Date |
| Administrator's Signature | |

"Have a Great Academic Day"



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| <input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day | <input type="checkbox"/> Jury Duty/Military/Election (Military Orders/Jury Summons/Poll Worker Sign-in Sheet MUST BE ATTACHED) |
| Substitute's Name | <input type="checkbox"/> Vacation |
| NA | <input type="checkbox"/> School Business (FORM 202/203 MUST BE ATTACHED) |
| Last 4 Digits of Social Security Number | <input type="checkbox"/> In-District Training/Duty (specify below) Name of Training/Duty: _____ |
| Employee's Signature | <input type="checkbox"/> Comp Time |
| Administrator's Signature | Charleston Middle School |
| | Location Date |

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| <input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day | <input type="checkbox"/> Jury Duty/Military/Election (Military Orders/Jury Summons/Poll Worker Sign-in Sheet MUST BE ATTACHED) |
| Substitute's Name | <input type="checkbox"/> Vacation |
| NA | <input type="checkbox"/> School Business (FORM 202/203 MUST BE ATTACHED) |
| Last 4 Digits of Social Security Number | <input type="checkbox"/> In-District Training/Duty (specify below) Name of Training/Duty: _____ |
| Employee's Signature | <input type="checkbox"/> Comp Time |
| Administrator's Signature | Charleston Elementary School Location _____ Date _____ |

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| <input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day | <input type="checkbox"/> Jury Duty/Military/Election (Military Orders/Jury Summons/Poll Worker Sign-in Sheet MUST BE ATTACHED) |
| Substitute's Name | <input type="checkbox"/> Vacation |
| NA | <input type="checkbox"/> School Business (FORM 202/203 MUST BE ATTACHED) |
| Last 4 Digits of Social Security Number | <input type="checkbox"/> In-District Training/Duty (specify below) Name of Training/Duty: _____ |
| Employee's Signature | <input type="checkbox"/> Comp Time |
| Administrator's Signature | Central Office |
| | Location Date |

“Have a Great Academic Day”