

SPRINGER MUNICIPAL SCHOOLS



APPLICATION FOR LEAVE

NAME OF EMPLOYEE: _____

TODAY'S DATE: _____

PROCEDURES:

- 1) Completed original leave form, with appropriate signatures, is to be submitted to Central Office within the pay period in which leave is taken.
- 2) **PRIOR AUTHORIZATION** from employee's supervisor is required when requesting annual, personal and professional leave.
- 3) Any illness necessitating an absence must be reported to employee's supervisor as early in the workday as possible.

DATE(S) AND TYPE(S) OF LEAVE REQUESTED					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DATE:					
NO. OF HOURS:					
TYPE OF LEAVE:					

TYPES OF LEAVE:

- A = SICK LEAVE
- B = PERSONAL LEAVE
- C = PROFESSIONAL LEAVE*
- D = ANNUAL LEAVE
- E = ATHLETIC COACHING
- F = ACTIVITY SPONSORSHIP
- G = OTHER: _____

*PROFESSIONAL LEAVE FUNDING SOURCE: _____

_____ APPROVED _____ DISAPPROVED

EMPLOYEE SIGNATURE DATE

SUPERVISOR SIGNATURE DATE

I certify that I was absent for the date(s) and reason(s) stated above.

EMPLOYEE SIGNATURE DATE

NAME OF SUBSTITUTE: _____

NAME OF EMPLOYEE SUBSTITUTED FOR: _____

NUMBER OF HOURS: _____ DATE(S) SUBSTITUTED: _____

I certify that I substituted on the day(s) stated above.

EMPLOYEE SIGNATURE DATE

SUPERVISOR SIGNATURE DATE