

MUSCOGEE COUNTY SCHOOL DISTRICT
Columbus, Georgia

REQUEST FOR TIME OFF

Please indicate the date(s) your leave is being scheduled or taken in the appropriate box. Approval from our principal/supervisor is required. Forms will be maintained at the school/department level.

Employee Name _____ Employee # _____

School/Department _____

REASON FOR LEAVE	#OF DAYS	DATES (INDICATE # OF HOURS IF LESS THAN A FULL DAY)	SCHEDULE	CANCEL
SICK LEAVE (SELF) (Check one) Dr. Appt. ____ Dentist ____ Sick ____				
FAMILY ILLNESS (Check one) Spouse ____ Child ____ Parent ____ Dr. Appt. ____ Dentist ____ Sick ____				
PERSONAL LEAVE				
BEREAVEMENT Relationship _____				
VACATION				
COURT (Attach copy of subpoena)				
JURY DUTY (Attach copy of subpoena)				

EMPLOYEE'S SIGNATURE

DATE

EMPLOYER'S SIGNATURE

DATE

OFFICE USE ONLY

Days Available:

Personal Leave: _____

Vacation: _____

Sick Leave _____

(If applicable)