

SOUTH ATLANTIC CONFERENCE OFFICE OF EDUCATION

Monthly Leave Report

This form summarizes leave taken by all school personnel (teachers and local hires). It is to be approved by the principal and submitted to the Office of Education via fax (404.844.2642) or email (charris@sacsda.org) by the 5th of each month for leave taken the previous month.

Date: _____ **Month of:** _____ **School:** _____

Principal: _____ **Signature:** _____

TEACHER / STAFF	BEGINNING/ PREVIOUS BALANCE	VACATION		SICK		PERSONAL		UNPAID		Ending BALANCE
		Date(s)	#Days	Date	#Days	Date	#Days/Hrs.	Date	#Days/Hrs.	

List dates school was closed due to inclement weather: _____

List alternate make-up days: _____

List dates/reasons school closed for emergencies (no a/c, no power, etc.): _____

List alternate make-up days: _____

List dates school closed for holidays: _____