

SOUTH ATLANTIC CONFERENCE OFFICE OF EDUCATION



Leave Request Form

All requests for vacation, personal leave and planned sick leave must be submitted before time is taken and also requires prior approval by your supervisor. When accident or illness prevents filing a request before using leave, this form must be submitted immediately upon return to work. Principal's signature is required for all teachers. Schoolboard chair's signature is required for all principals.

TYPE OF LEAVE REQUESTED	# OF DAYS	DATES		TIME	
		START	END	START	END
Vacation / Personal					
Educational (workshops, conferences, etc.)					
Sick - Employee					
Sick - Family					

SICK LEAVE: Documentation from physician is required after three consecutive days of sick leave.

Request for Unpaid Leave	# OF DAYS	DATES		TIME	
		START	END	START	END
Type:					

Teacher/Staff Signature

Date Submitted

Principal/Board Chair Signature

Date Approved

Comments:

SUMMARY: My leave time balance as of this request is:

Beginning # of Leave Days: _____ **# of Days Taken:** _____ **# of Days Remaining:** _____