Vance County Schools

Reset Form

Leave Request Form

Name: Work Location: Position:

Total Number of Days/Hours Requested:

Date(s) Requested To Be Away From Work:

The reason for the absence is: (SEE ABSENSE REASONS: DEFINITIONS & USES)

Split Reasons (if needed)	Reason
	☐ Absence Without Pay
	☐ Annual Leave ☐ Bonus Leave ☐ 2014 Bonus Leave
	☐ Approved Curricular Activity Title of Activity
	☐ Compensatory Leave
	☐ Extended Sick Leave
	☐ Civic Responsibility (Community, Jury, or Military Duty)
	☐ Personal Leave
	☐ Medical Appointment for Myself or Immediate Family Member
	☐ Sick Leave

Employee Comments:

Recommended Substitute(s):

Employee's Signature: _____ Date: _____

SUPERVISOR'S APPROVAL & COMMENTS

Supervisor's Approval: _____ Date: _____

Comments: _____

Revised: 9/4/2013

Distribution (after signature approval): Bookkeeper
Employee

Print Form