

MOORESVILLE GRADED SCHOOL DISTRICT

Employee's Name _____

Location High School Intermediate School Central Services
 Woods Park View Support Services
 Middle School South Student Services
 East Intermediate

Calendar/
Schedule 10 Months 11 Months 12 Months

Assignment Teacher Custodial Administrator
 Teacher Assistant Cafeteria Before & After School
 Secretarial/Clerical Bus Driver Maintenance
 Other

REQUEST FOR LEAVE
FOR 10, 11 and 12 MONTH EMPLOYEES

Annual Leave Number of Days: Dates: _____

Bonus Annual Leave Number of Days: Dates: _____

Full Deduction* Number of Days: Dates: _____

Jury Duty* Number of Days: Dates: _____
(Attach copy of summons)

Personal Leave* Number of Days: Dates: _____

Sick Leave Number of Days: Dates: _____

*Employee must complete this form and it is to be submitted with the turnaround document to payroll.

Employee's
Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____