

**WINSTON COUNTY BOARD OF EDUCATION
LEAVE OF ABSENCE**

Current Date: _____

NAME: _____ POSITION _____
ADDRESS: _____ WORKSITE _____
CITY: _____ STATE _____ ZIP _____

I request Extended Leave from my work assignment with the Winston County Board of Education.
I am requesting this leave for the following reason(s):

LEAVE OF ABSENCE

- Birth of a child
- Adoption of a sick child or placement of a foster child
- Care for a sick spouse, child, or parent
- My own serious health condition

Military Leave

Leave Period: Date to begin _____ End _____ Total # of Days on leave _____

IMPORTANT: Employees must use all sick leave, vacation, or other applicable paid leave before taking unpaid leave.

Sick _____	Personal _____	Sick Bank _____	Total _____
(Please call Morgan Smothers, WCBOE ext. 6712 to verify days)			

Signature of Person Requesting Leave

Date

Signature of Principal

Date

Signature of Coordinator of Personnel

Date

Approved Disapproved

Signature of Superintendent

Date

