



BERTIE COUNTY BOARD OF EDUCATION

REQUEST FOR LEAVE—REVISED 1/2015

Name

Position/Grade/Subject

Last 4 digits of SSN

School/Department

I HEREBY REQUEST LEAVE AS FOLLOWS:

🍏 ANNUAL (VACATION) LEAVE

Total Working Days Requested: _____

Dates Requested: _____

🍏 SICK LEAVE

Total Working Days Requested: _____

Dates Requested: _____

Reason Required: _____

(Doctor's note required and must be attached to leave form after three (3) CONSECUTIVE absences.)

🍏 BONUS VACATION LEAVE

Total Working Days Requested: _____

Dates Requested: _____

🍏 PERSONAL LEAVE (Deduction)

Total Working Days Requested: _____

Dates Requested: _____

Principal's prior approval required.

🍏 COMPENSATORY TIME

Total Working Hours Requested: _____

Dates Requested: _____

🍏 MILITARY LEAVE

- _____ Short-Term
- _____ Extended Active Duty
- _____ Other

Date Leave Commences: _____

Projected Date of Return (If known): _____

🍏 OTHER _____

Total Working Days Requested: _____

Dates Requested: _____

Board of Education Approval may be required.

(Examples: Parental Involvement Leave; Educational Leave, etc.)

Signature of Employee/Date

Approval by Principal or Supervisor/Date

Is a Substitute Teacher needed? 🍏 YES 🍏 NO Substitute Teacher: _____

BUDGET CODE: _____

Superintendent or HR Designee Signature/Date: _____

1) PAYROLL WITH TIME SHEET

2) SUPERVISOR

3) HUMAN RESOURCES

4) EMPLOYEE