HOUSTON COUNTY SCHOOL DISTRICT
Building Excellence & Success Together

Request for Leave or Approved Absence

Supervisor Approved: Yes _____ No_____

Please initial and date_____

Employee Name (Please Print)	**Location/School**
(Check appropriate box(es) below)	**# Day(s) absent_____** **Date Absence began_____** **Date Ended_____**
_____ Personal Leave **_____Without Pay** **_____ Vacation Pay (year-round employees only)** **_____**	**_____ Sick Leave** **This includes any doctors visit for employee or their family member.** **_____ SCHOOL BUSINESS (Must explain)** **_____** **_____**

DOCTOR'S NOTE IS REQUIRED IF OUT SICK FOR MORE THAN THREE (3) DAYS

Name of substitute_____ Date_____

Name of substitute_____ Date_____

Name of substitute_____ Date_____

This form is to be completed and signed by employees who are absent for personal, sick, or official school business. This form should be completed by the employee and returned to the school office within two days of returning to work.

SUBSTITUTE PAY WILL BE PAID FROM ACCOUNT_____

Employee Signature_____

Signature required

Revised 06/02/2023 vh