



CANTON PUBLIC SCHOOL DISTRICT
Office of Business and Finance

Tony Foster
Director

Tracy Lewis
Assistant Director

Leave Request Form

Name _____ Date _____

Please Print

I am requesting to be off on:

Monday Date _____ For _____ Day

Tuesday Date _____ For _____ Day

Wednesday Date _____ For _____ Day

Thursday Date _____ For _____ Day

Friday Date _____ For _____ Day

Expected date of return: _____

Please Indicate Type of Leave

Personal

Vacation

Without Pay

Jury Duty

Bereavement

Professional Development

Military

Sick

(See Attachment)

Employee Signature _____

Approve

Denied

Principal/Supervisor Date _____

Superintendent (Vacation Only) Date _____

“Perseverance Conquers All”

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www.cantonschools.net

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