

# McBean Elementary School

1165 Hephzibah-McBean Road  
Hephzibah, Georgia 30815  
(706) 592-3723 ~ Fax: (706) 592-3729

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Office use only:  
Payroll Period Ending: \_\_\_\_\_  
Time: \_\_\_\_\_

## Request For Leave

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I am requesting the following leave:

Type of Leave	Number of Day(s)	Leaving	Returning	Date(s) absent
Personal Leave				
Sick Leave				
Professional Lv.				
Vacation 12 month staff				

Notes: \_\_\_\_\_  
\_\_\_\_\_

If you are requesting to leave for a portion of the workday, please indicate time leaving and/or returning.

6 hours =  $\frac{3}{4}$  day

4 hours =  $\frac{1}{2}$  day

2 hours =  $\frac{1}{4}$  day

**Substitute/Coverage:** \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:	Denied:
Signature-Principal	Date