



BERTIE COUNTY BOARD OF EDUCATION

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

Dates Requested: _____

Reason Required: _____

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

Dates Requested: _____

Board of Education Approval may be required.

_____ 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: _____