



Hazlehurst City School District

Excellence is the Expectation

Dr. Nonya C. Thrasher, Interim Superintendent

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NON-CERTIFIED PERSONNEL ABSENTEE REQUEST FORM

Please Print

Name _____

Date _____

I am requesting to be off on:

Monday Date _____ For _____ Hours

Tuesday Date _____ For _____ Hours

Wednesday Date _____ For _____ Hours

Thursday Date _____ For _____ Hours

Friday Date _____ For _____ Hours

Date Return To Work _____

Please Check Type of Leave

___ Sick

___ Professional Day

___ Personal

___ Vacation (year-round employees only)

___ Military

___ Without Pay

___ FMLA (**approved status from HR**)

Employee Signature _____

___ Approved

___ Denied

Principal/Supervisor _____

Date _____