

## Holmes County School Board Request For Leave

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

Date of Request: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Leave Dates: \_\_\_\_\_

Type: \_\_\_\_\_

- SK SICK LEAVE
- AL VACATION
- PL PERSONAL/SICK
- BL BEREAVEMENT LEAVE
- TD TEMPORARY DUTY
- UP UNPAID

Reason: \_\_\_\_\_

- 110 NO REASON NEEDED
- 111 MATERNITY
- 220 PERSONAL
- 330 VACATION
- 442 SUSPENSION WITHOUT PAY
- 443 WORKERS COMPENSATION
- 660 JURY DUTY
- 663 MILITARY LEAVE
- 664 SUSPENSION WITH PAY
- 665 ILLNESS IN LINE-OF-DUTY
- 666 ADMINISTRATIVE ASSIGNMENT
- 667 BEREAVEMENT LEAVE
- 668 ADMINISTRATIVE LEAVE
- 670 IN-CTY FLD TRIP/CONF/WK SHOP-NO SUB
- 671 IN-CTY FLD TRIP/CONF/WK SHOP-REG. SUB
- 680 OUT-CTY FLD TRIP/CONF/WK SHOP-NO SUB
- 681 OUT-CTY FLD TRIP/CONF/WK SHOP-REG SUB

If Jury, date: \_\_\_\_\_

If Bereavement leave, indicate the following:

Relationship: \_\_\_\_\_

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

For bereavement, attach a copy of the obituary.

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

If temporary duty leave, please state purpose for leave and destination: \_\_\_\_\_

Substitute Information	
Employee ID Number: _____	Date: _____
Name: _____	Hours: _____

Use Employee Distributions: \_\_\_\_\_

Or Account Below? \_\_\_\_\_

Fund	Function	Object	Center	Project	Program

Account Authorized by:

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_