

**Calhoun County School Board
 Request of Leave**

Employee ID #: _____ Name: _____

Date Payroll Begins _____ Date Payroll Ends: _____

Type	Reason	Hours	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TYPE			
SK	Sick Leave	TD	Temporary
AL	Vacation	UP	Unpaid
PL	Personal/Sick		

REASON	
110	Sick Leave
111	Maternity
220	Personal
330	Vacation
440	Unpaid
442	Suspension Without Pay
443	Worker's Compensation (over 10 days)*
660	Jury Duty
661	School Board Witness
662	Non School Board Litigation
663	Military Leave
664	Suspension with Pay
665	Worker's Comp (1 st 10 days)
666	Administrative Assignment
667	Bereavement*
670	In-City Field Trip/Conf/Wk Shop-No Sub
671	In-City Field Trip/Conf/Wk Shop-Reg Sub
680	Out-City Field Trip/Conf/Wk Shop-No Sub
681	Out-City Field Trip/Conf/Wk Shop-Reg Sub

*If worker's compensation, you must list original injury date:
 _____ Notes: _____

*If Bereavement, state relationship: _____
 A copy of the obituary, etc. must be attached

If Temporary Duty Leave, state purpose for leave and destination:

SUBSTITUTE INFORMATION			
Name	Employee ID#	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use Employee Distribution: _____ or Account Below _____

FUND	FUNCTION	OBJECT	CENTER	PROJECT	PROGRAM	ACCOUNT AUTHORIZED BY:

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____