MCINTOSH COUNTY SCHOOLS
REPORT OF ABSENCE/REQUEST FOR LEAVE FORM

EMPLOYEE'S NAME:	SOCIAL SECURITY # (Last 4 Digits): XXX – XX -
SCHOOL/DEPT:	TODAY'S DATE:

Please Indicate with a (✓):

☐ **Sick** (check one) ☐ Self ☐ Spouse ☐ Child ☐ Parent/Step Parent
☐ Other (Specify)_____

☐ **Annual Leave** ☐ **Bereavement**

☐ **Personnel Leave** ☐ **Jury**

☐ **Leave Without Pay** ☐ **Military**

_____ _____

Dates of Absence(s) **Number of Days Absent**

Comments: _____

Employee's Signature: _____

_____

Immediate Supervisor's Signature

☐ **Approval Recommended**

☐ **Disapproval Recommended**

_____

Date

****** DO NOT SUBMIT TO CENTRAL OFFICE WHEN USED AS ******
REPORT OF ABSENCE FORM.

CENTRAL OFFICE USE ONLY

Your request for leave has been: ☐ Approved ☐ Denied

_____ _____

Superintendent's or Authorized Official Signature **Date**

Comment(s)_____

Revised 06/13