## HAYWOOD COUNTY SCHOOLS

## REQUEST FOR LEAVE

Name:	Social Security Number:
School/Department:	Position:
Month:	Year:

Absence is requested as follows:

## Enter $\frac{1}{2}$ or 1 day increments.

Day	Code	Amount
14		
15		
14 15 16		
17		
17 18 19 20		
19		
20		
21 22		
22		
23		
24		
23 24 25 26 27 28 29		
26		
27		
28		
29		
30		
31		
1		
2		
3		
4		
5		
1 2 3 4 5 6		
7		
8		
9		
10		
11 12		
12		
13		

## Absence Code

Reason 1 Reason 3	Sick Leave Personal illness in excess of accumulated sick leave up to 20			
		s in a school year (teachers only)		
Reason 4		Professional Leave (no deductions)		
Reason 5 Reason 6		Professional Leave (deductions) Personal Leave (teachers only)		
Reason 7	Absence with			
Reason 20	Annual Leav			
Reason 20	Alliual Leav			
	******	*******		
Substitu	te Required	Substitute Not Required		
Check one of t				
		te to be paid from state/local funds (Reasons 1 & 4)		
	full pay per day	Reasons 3, 5 & 6)		
C. Deduct	funds requested	l for substitute (Reason 5)		
	to pay substitut			
	luction. Substitu			
		te to be reimbursed by		
01 110 000				
Bill cost of sub	stitute to:			
Address				
Address:		horization letter if available)		
Budget Code:				
		******		
I certify that th	e above informa	ion is correct.		
Signa	ture of Employe	e Date		
	*****	******		
Approvals				
		Date:		
Principal:		Date:		
Assoc. Superin	tendent:	Date:		
Superintenden		Date:		