

Miller County School System  
Leave Form

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

1. A substitute is needed for (Date) \_\_\_\_\_

2. This absence will be:

\_\_\_\_\_ Sick Leave

\_\_\_\_\_ Personal Leave

\_\_\_\_\_ Professional / School Related Leave: \_\_\_\_\_

\_\_\_\_\_ Jury Duty

\_\_\_\_\_ \*\*Coaching Duties: (Head/Asst. Coaching Only) \_\_\_\_\_

\*\*This is only for recording keeping purposes. Time will not be counted. \*\*

3. Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please turn in your leave form three days before needed if possible.*

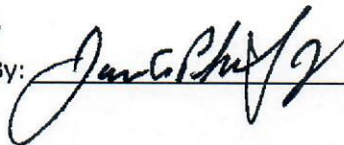
*This will give us time to get a substitute. If you are out sick, it is your responsibility to fill out this form when you return.*

\_\_\_\_\_  
Faculty or Staff Member

\_\_\_\_\_  
Supervisor's Signature

Updated 12/5/17

Form Approved By:

  
\_\_\_\_\_