

Perry County Board of Education
Dr. Marcia A. Smiley, Superintendent
P. O. Box 900
Marion, Alabama 36756-0900

Vera Davis, Chairperson
Donald Nichols, Vice Chairperson
Cheryle Thomas
Fransia Foster
Eulas Kirtdoll

Superintendent Office (334) 683-6528
Personnel Office (334) 683-4144
Fax (334) 683-8427

REQUEST FOR LEAVE

NAME: _____ **WORK LOCATION:** _____

Requested Leave Date(s): _____

Leave Type: _____ **No. of Days:** _____

SICK LEAVE

- _____ a. Personal Illness _____
- _____ b. Personal Injury which incapacitates the worker _____
- _____ c. Family Illness: (husband, wife, father, mother, son, daughter, brother, sister, or a person standing in loco parents) _____
- _____ d. Family Death: (Immediate family – husband, wife, father, mother, son, daughter, sister, in-laws, niece, nephew, grandparents, grandchildren, aunt, and uncle) _____

OTHER LEAVE

- _____ e. Jury Duty _____
- _____ f. Military _____
- _____ g. Vacation _____
- _____ h. Personal Leave _____
- _____ i. Professional Leave: (Explain: _____) _____
- _____ j. Other (Not eligible for pay) _____
- _____ k. Other (Eligible for pay) _____

Source of Fund if leave qualifies for reimbursement: _____

Employee Signature: _____ **Date** _____

___ **Approved** ___ **Disapproved** **Principal/Supervisor** _____

___ **Approved** ___ **Disapproved** **Superintendent** _____