

HERTFORD COUNTY PUBLIC SCHOOLS

Leave Request Form

_____ Name	_____ Position/Grade/Subject
_____ Social Security Number	_____ School/Department

Please complete in triplicate and submit all copies to your supervisor. Supervisor will submit to person responsible for record keeping. A copy will be returned to you after being approved.

Please indicate type of leave requested:

____ Annual Leave	_____ Total # of Days	_____ Dates Requested
____ Sick Leave	_____ Total # of Days	_____ Dates Requested
____ Personal Leave (Available to teachers only with substitute deduction)	_____ Total # of Days	_____ Dates Requested
____ Bonus Annual Leave	_____ Total # of Days	_____ Dates Requested
____ Military/Jury Duty Leave	_____ Total # of Days	_____ Dates Requested
____ Non-Paid Leave (With full pay deduction)	_____ Total # of Days	_____ Dates Requested
____ Other (Explain) _____	_____ Total # of Days	_____ Dates Requested

Approval is conditioned upon your having sufficient cumulative days to cover this request. Otherwise, approved leave shall be without pay.

_____ Employee's Signature	_____ Date	_____ Approved by Principal/Supervisor	_____ Date
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Please note: If you would like to request Extended Sick Leave or Maternity Leave, please submit a written request to the Human Resource Services Department for approval.