

MECKLENBURG COUNTY PUBLIC SCHOOLS

Boydton, Virginia 23917

REQUEST FOR LEAVE

-Use a separate form for different months-

REASON: (Check all that apply):

Vacation Day(s) _____ Dates: _____

Sick Day(s) _____ Dates: _____

Personal Day(s) _____ Dates: _____
Three days maximum

Professional Day(s) _____ Dates: _____

Bereavement Day(s) _____ Dates: _____
Three days maximum

Jury Duty Day(s) _____ Dates: _____

Use the space below to:

State the reason for requesting bereavement days.

Employee Name: _____

Employee Site: _____

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The above request (is, is not) approved.

Date: _____ Immediate Supervisor: _____

Note: When possible, seven days prior notice is requested for all types of leave.

FOR POLICY ON LEAVES, REFER TO NEWLY ADOPTED MECKLENBURG COUNTY SCHOOL BOARD POLICY MANUAL SECTION GCBD.