

HYDE COUNTY SCHOOLS

LEAVE REQUEST FORM

*Prior satisfactory arrangements must be made with your Supervisor
no later than one week prior to taking any leave*

Employee Name

Position/Grade/Subject

Employee Number (not SSN)

School/Department

Please complete and email as an attachment to your supervisor. If approved, the Supervisor will review and send as an attachment to payroll and copy the employee. Please indicate type of leave, total number of days, and date(s) requested:

<input type="checkbox"/> ANNUAL LEAVE	_____	_____
	Total # of Days	Dates Requested
<input type="checkbox"/> SICK LEAVE	_____	_____
	Total # of Days	Dates Requested
<input type="checkbox"/> MATERNITY (SICK) LEAVE	_____	_____
	Total # of Days	Dates Requested
<input type="checkbox"/> EXTENDED SICK LEAVE \$50.00 per day payroll deduction	_____	_____
	Total # of Days	Dates Requested
<input type="checkbox"/> PERSONAL LEAVE \$50.00 per day payroll deduction	_____	_____
	Total # of Days	Dates Requested
<input type="checkbox"/> BONUS LEAVE	_____	_____
	Total # of Days	Dates Requested
<input type="checkbox"/> NON-PAID LEAVE Full pay deduction	_____	_____
	Total # of Days	Dates Requested
<input type="checkbox"/> MILITARY/JURY DUTY LEAVE	_____	_____
	Total # of Days	Dates Requested
<input type="checkbox"/> OTHER: _____	_____	_____
	Total # of Days	Dates Requested

Approval is contingent upon employee having sufficient cumulative days to cover this request. Otherwise, approved leave shall be without pay. We will not make adjustments to change leave once pay has been deducted due to insufficient leave balance.

Employee's Signature

Date

Supervisor's Signature

Date