

**PERSONAL LEAVE
FOR SUPPORT STAFF**

**Macon County Board of Education
Lafayette, Tennessee**

Employee's Name: _____

School: _____

The employee named above requests personal leave for the following date(s) making my school year total to date _____ days.

No substitute should be used for personal leave days.

I certify that the information above is true and correct.

Employee's Signature

Date

Principal/Supervisor's Signature

Note: A leave day is earned for each one-half (1/2) year of employment.