

Sick Leave Request Form

Name: _____ School: _____

Date(s) of Personal Illness: _____ Half Day: _____ Yes _____ No

Illness or Death in Family/Date(s): _____ Relationship: _____

Bereavement (Certified Staff Only) Date(s) Used: _____

Substitute Name: _____

Send to Approver:

- Michele Adsit
- Tricia Bozell
- Heather Brantley
- Lisa Brewster
- Carrie Dasher
- Kristy Fox
- Pam Geren
- Angie Hayes
- Jennifer Higgins
- Jennifer Johnson
- Andrea Moore
- Julie Smith
- Ponzetta Williams



Signature of Submitter: _____

Signature of Supervisor: _____

Date: _____