



FRANKLIN COUNTY SCHOOL BOARD LEAVE REQUEST FORM

PAYROLL USE ONLY

PAY PERIOD

NAME _____

<input type="checkbox"/>	INSTRUCTIONAL
<input type="checkbox"/>	NON-INSTRUCTIONAL
<input type="checkbox"/>	ADMINISTRATIVE

<input type="checkbox"/>	Jury Duty*
<input type="checkbox"/>	Sick Leave
<input type="checkbox"/>	Military Leave*
<input type="checkbox"/>	Bereavement Leave*

<input type="checkbox"/>	Temporary Duty*
<input type="checkbox"/>	Vacation Leave
<input type="checkbox"/>	Personal Leave (up to 6 days deducted from sick leave balance)

<input type="checkbox"/>	Workers Compensation*
<input type="checkbox"/>	Illness in Line of Duty*
<input type="checkbox"/>	Unpaid Leave

Sick Leave Donation to: _____ Hours Donated _____

----- ALL LEAVE MUST BE IN ACCORDANCE WITH APPLICABLE FCSB POLICIES -----

Date	Hours	Name of Substitute		Date	Hours	Name of Substitute

Total Hours Used _____

If Injury: Date _____ Notes _____

If Temporary Duty: Name of training or Event and Location _____

Employee's Signature _____

Date _____

Supervisor's Signature _____

Date _____

*Additional documentation required