



Tate County School District

Hourly Leave Request Form

Name: _____

Date: _____

School / Location: _____

Requested Leave

Dates Requested (List Dates)	Hours	Check Type of Leave			If Half Day - Which Half	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Personal	Sick	Vacation	AM	PM
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Personal	Sick	Vacation	AM	PM
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Personal	Sick	Vacation	AM	PM
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Personal	Sick	Vacation	AM	PM
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Personal	Sick	Vacation	AM	PM

Total Leave Hours Requested: _____

Employee Signature: _____

Your request has been: Approved Denied

Supervisor Signature

Date