AUTAUGA COUNTY BOARD OF EDUCATION
LEAVE OF ABSENCE REQUEST RECORD

NAME:_____ DATE: ___/___/___

EMPLOYEE POSITION:_____ SCHOOL:_____

EMPLOYEE NUMBER:_____ PHONE #:_____

TYPE OF LEAVE:

_____Personal Illness

_____Family Illness (Relationship to family member)_____

_____Maternity, Paternity, Adoption of child

_____On Job Injury (Accident report must be attached)

_____Military (21 paid days per calendar year)

_____Other (Please explain)_____

PROPOSED DATES OF LEAVE:

Requested date for leave to begin___/___/___

Requested date to return to work___/___/____

TO BE COMPLETED BY PRINCIPAL/SUPERVISOR

Substitute Required ___yes ___no Name of Substitute_____

Principal/Supervisor Signature_____Date_____

PAYROLL ONLY

Sick Leave_____ Personal Leave_____ On Job Injury_____ Military____
FMLA_____ Sick Leave Bank Loan_____ Catastrophic Leave_____
Unpaid_____ Other _____
Payroll Coordinator Signature_____

HUMAN RESOURCES ONLY

_____Approved _____Denied

Approved Leave Dates: Beginning___/___/___ Ending___/___/____

Approved by:_____ Date Approved___/___/___
Signature of Personnel Director