

DOOLY COUNTY BOARD OF EDUCATION

202 Cotton Street, Vienna, GA 31092

LEAVE REPORT

Please type or print in ink

Employee's Name _____

Beginning _____ AM/PM _____ month _____ day _____ year

Ending _____ AM/PM _____ month _____ day _____ year

Total Hours Absent _____

Type of leave and number of hours to be charged. Approved leave is charged in whole hours.

Hours Sick Leave _____ relationship
(Self, Spouse, Father, Mother, Brother, Sister, Child, Grandparent, Grandchild, Mother-In-Law, Father-In-Law, Aunt, Uncle, Relative Living in Residence of Employee)

Hours Bereavement Leave _____ relationship
(Spouse, Father, Mother, Brother, Sister, Child, Grandparent, Grandchild, Mother-In-Law, Father-In-Law, Brother-In-Law, Sister-In-Law, Son-In-Law, Daughter-In-Law, Aunt, Uncle, Relative Living in Residence of Employee)

Hours Personal Leave:
Prior approval of immediate supervisor is required.

Hours Court Leave (Attach Documentation)

Hours Annual Leave: (12 month employees only)
Prior approval of immediate supervisor is required.

Hours Other: Explain in comments or attach additional documentation

NAME OF SUBSTITUTE _____

Approved absence in excess of available balances will be deducted from pay according to Administrative Procedures.

Employee's Signature Date

Principal's/Director's Signature Date

Immediate Supervisor's Signature Date

Superintendent's Signature Date

Comments: _____
