



Tate County School District

Certified Leave Request Form

Name: _____

Date: _____

School / Location: _____

Requested Leave

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

Total Leave Days Requested: _____

Employee Signature: _____

Your request has been Approved Denied

Superintendent / Supervisor Signature

Date