



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	
		Personal	Sick	Vacation	AM	PM
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Leave Hours Requested: _____

Employee Signature: _____

Your request has been: Approved Denied

Supervisor Signature

Date

Maximum Daily Hours :

Cafeteria Worker 6.50
 Secretarial/MSIS 8.00
 Maint./Shop 8.00
 Computer Tech 8.00

Cafeteria Manager 8.00
 Teacher Assistant 7.50
 Nurse 8.00