

Perry County Board of Education

Dr. Marcia A. Smiley, Superintendent

P. O. Box 900

Marion, Alabama 36756-0900

Vera Davis, Chairperson
Emefa Butler, Vice Chairperson
Eulas Kirtdoll
Donald Nichols
Cheryle Thomas

Superintendent Office (334) 683-6528
Personnel Office (334) 683-4144
Fax (334) 683-8427

REQUEST FOR LEAVE

NAME: _____ **WORK LOCATION:** _____

Requested Leave Date(s): _____

Leave Type: _____ **No. of Days:** _____

SICK LEAVE

_____ a. Personal Illness _____
_____ b. Personal Injury which incapacitates the worker _____
_____ c. Family Illness: (husband, wife, father, mother, son, daughter, brother, sister, or a person standing in loco parents) _____
_____ d. Family Death: (Immediate family - husband, wife, father, mother, son, daughter, sister, in-laws, niece, nephew, grandparents, grandchildren, aunt, and uncle) _____

OTHER LEAVE

_____ e. Jury Duty _____
_____ f. Military _____
_____ g. Vacation _____
_____ h. Personal Leave _____
_____ i. Professional Leave: (Explain: _____) _____
_____ j. Other (Not eligible for pay) _____
_____ k. Other (Eligible for pay) _____

Source of Fund if leave qualifies for reimbursement: _____

Employee Signature: _____ **Date** _____

____ **Approved** ____ **Disapproved** **Principal/Supervisor** _____

____ **Approved** ____ **Disapproved** **Superintendent** _____