

PICKENS COUNTY ADMINISTRATIVE
LEAVE REQUEST FORM

Employee Name _____ Date _____

Position:

- | | |
|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Office Staff |
| <input type="checkbox"/> Central Office | <input type="checkbox"/> School Aide |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> School Secretary |
| <input type="checkbox"/> Lunchroom | <input type="checkbox"/> Teacher |

Date of Absence	Reason for Absence: Sick, Personal, Vacation, or Professional	Signature of Substitute

Employee's Signature _____

Authorized Administrator's Signature _____

Date _____