Reset

Dougherty County School System

LEAVE REPORTING FORM

WORK LOCATION: _____

Location Name Location #

REPORTING DATE: _____

NAME	Last Day Worked	Date Returned	Reason for Leave / COMMENTS	PAF placing employee on leave of absence Yes No N/A	PAF Returning employee to work Yes No N/A

Reported by: _____

Name of Person Reporting Leave

BEN-F013, Rev. A, 08-Feb-07