



**DOUGHERTY COUNTY SCHOOL SYSTEM
LEAVE REQUEST FORM**

Employee Name:

Employee ID#:

TYPE OF LEAVE
(Please check one)

Sick

Vacation

Personal

Professional

Comp Time

If Professional leave, reason and location:

Date(s) of Leave

From:

To:

Time of Leave

From: a.m./p.m.

To: a.m./p.m.

Total Number of Day(s):

For Partial Day (Hours Only):

Comments:

Employee Signature:

Date:

Supervisor's Signature:

Date: