

**ELKIN MIDDLE SCHOOL
LEAVE REQUEST**

Name _____

Date _____

Indicate type of leave by entering number of days in appropriate box:

Sick

Personal

Annual

Professional

Without Pay

Comp Time

Date(s) of Leave: _____

If a substitute is needed, list your choices:

1st Choice: _____

2nd Choice: _____

Location of lesson plans: _____

Special Instructions: _____

Additional Comments: _____

Employee Signature

Date

Supervisor Response

_____ Please see me about this request.

_____ This request is **not** approved.

_____ This request is approved. The substitute will be _____

Supervisor Signature

Date