

COLUMBUS COUNTY SCHOOLS

LEAVE REQUEST
(CERTIFIED Personnel)

An employee requesting a leave of absence is required to schedule an appointment with the personnel office prior to completion of this leave request form. A physician's statement is required for all leaves requesting temporary disability.

Employee	Home Address	School	Position

Requests a Leave of Absence due to:

Type of Leave Requested	Place an "X" on the appropriate Leave
Temporary disability	
Family Illness	
Other	
Parental Leave	

Length of Leave:

Beginning Date of Leave	
Ending Date of Leave	

I wish to use:

Accumulated Sick Leave		Professional Leave	
20-day Extension of Sick Leave*		Educational Leave	
Annual Leave		Military Leave	
Annual Leave for New Parents		Personal Leave*	
Family Leave		Worker's Compensation	
Short-term Disability (Extended)		Bonus Annual Leave	
Leave without Pay**		Donated Leave***	

*A deduction of \$50.00 per day will be taken from the employee's gross monthly salary.

** Leave without pay may result in an installment (12 months pay) contract being cancelled.

***Donated Leave must be approved by the Superintendent.

Employee's Signature

Date

Principal's/Supervisor's Signature

Date

Superintendent's Signature

Date