

**REQUEST FOR NON-SICK LEAVE OF ABSENCE  
HARDEMAN COUNTY BOARD OF EDUCATION**

*Warner A. Ross II*  
*Director of Schools*  
**10815 Old Highway 64**  
**Bolivar, Tennessee 38008**

**APPLICATION FOR PAY FOR NON-SICK LEAVE TEACHING**

Name of regular teacher \_\_\_\_\_

Name of substitute teacher \_\_\_\_\_

Reason for absence \_\_\_\_\_

**Date of Absence:**

<u>Month</u>	<u>Day</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total day(s) \_\_\_\_\_

Was prior approval secured? \_\_\_\_\_

Signed \_\_\_\_\_  
Regular Teacher

Signed \_\_\_\_\_  
Substitute Teacher

Approved \_\_\_\_\_  
Principal

\_\_\_\_\_  
Name of School

Approved \_\_\_\_\_  
Director of Schools

**FOR CENTRAL OFFICE USE ONLY**

*Number days absent* \_\_\_\_\_

*Rate of pay* \$ \_\_\_\_\_

*X number of day's* \_\_\_\_\_

*Gross* \$ \_\_\_\_\_

*Withholding Tax* \$ \_\_\_\_\_

*Social Security* \$ \_\_\_\_\_

*Retirement* \$ \_\_\_\_\_

*Net pay* \$ \_\_\_\_\_

*Date deducted from salary* \_\_\_\_\_

*Date substitute paid* \_\_\_\_\_