

PRINCIPALS

REQUEST FOR SICK LEAVE OR PERSONAL/PROFESSIONAL DAY

HARDEMAN COUNTY BOARD OF EDUCATION

Warner A. Ross II

Director of Schools

10815 OLD HIGHWAY 64

EMPLOYEE:

PRINT NAME

Number of Day(s): _____ Sick

_____ PROFESSIONAL/PERSONAL

_____ BEREAVEMENT

DATE(S) OF ABSENCE:

MONTH

DAY

YEAR

TOTAL DAY(S): _____

EMPLOYEE SIGNATURE

DIRECTOR OF SCHOOLS

DATE

NOTE: A SEPARATE FORM WILL NEED TO BE COMPLETED FOR EACH MONTH.

Ex: Do not include August days on the same sheet with September days.