TEACHER PERSONAL LEAVE REQUEST

CODE: GBRH-E (1) DATE: 04/20/04 RESCINDS: GBRH-E DATE: 08/06/02

TO: Superintendent of Schools	Date:		
FROM:			
Employee's Name			
Home Mailing Address			
Home Phone Number	School Assigned		
Catoosa County Board policy states: During any a maxim0um of three (3) days absence for persor with more than 10 years consecutive service can years consecutive service can receive five (5) day days will be approved only if it is in the best inter leave on days before and after a school holiday is The formal request must first be approved by the requested absence. Approval of the request does expense.	nal reasons not covered und receive four (4) days. Teac ys. The use of personal leav est of the school system. T s prohibited except in cases superintendent three (3) da	der sick hers with ve durin The use s of extra ays prior	leave. Teachers th more than 15 g in-service of personal eme emergency. r to the
This is to certify that it is necessary that I be out or reasons.	of school on the following d	lays for	personal
DATE: NUME	BER OF DAY REQUESTED:		
Month: Day(s)		Year:	
Signature of Teacher:			
Please check one (1): q Less than 10 years consecutive service with Ca q More than 10 years consecutive service with C q More than 15 years consecutive service with C	atoosa County.		
Principal's Action			
Date:			
Number of days for which substitute is to be paid:			o Approved
Principal's Signature:			o Denied
Superintendent's Action			
Date Received:			o Approved
Superintendent's Signature:			o Denied
SUBMIT THE ORIGINAL TO YOUR F		GNATU	RE.