

TIME OFF REQUEST FOR PART TIME EMPLOYEE

Greeneville City Schools

NAME _____

SOCIAL SECURITY NUMBER (Last 4 digits) XXX-XX-_____

JOB TITLE _____

LOCATION (Circle) ABE ALP CO-KL CO-GC ESP EV GHS GMS HH HIGH
 GTC TV SYSTEM-WIDE (Substitute)

This represents request for time off from work due to the following reason(s) and for the following date(s). It is understood this absence will be unpaid and may or may not be approved.

Beginning Date of Absence _____

Return to Work Date _____

Sickness

Family Member Sickness

Court

Death

Other

Details of Requested Absence (Please explain.) _____

Employee Signature

Date

Approved Denied

Principal/Supervisor Signature

Date