

DETACHED DUTY FORM

DATE _____

MR. CHRIS PADGET, SUPERINTENDENT
HENRY COUNTY BOARD OF EDUCATION
P.O. BOX 635
ABBEVILLE, AL 36310

DEAR. MR. PADGET:

I WOULD LIKE TO REQUEST _____ DAY(S)/HOUR(S) ON _____ (DATE)

AS **DETACHED DUTY** FOR THE PURPOSE OF _____

YOUR CONSIDERATION OF THIS MATTER WILL BE APPRECIATED.

SINCERELY,

NAME (Sign)

NAME (Print)

APPROVED:

This field must be completed if applicable:

*FUND SOURCE: _____

Signature of Supervisor from whose budget expenses will be paid

PRINCIPAL

SUPERINTENDENT