

HENRY COUNTY BOARD OF EDUCATION

Post Office Box 635

Abbeville, AL 36310

LEAVE FORM

Date: _____

Name: _____
(Please Print)

Location: _____

I would like to request _____ day(s)/hour(s) on _____ (Date)

PERSONAL _____

SICK _____

VACATION _____

COMPENSATORY _____

JURY DUTY _____

Employee's Signature

Date

APPROVAL:

Principal's Signature

Date

Superintendent's Signature

Date