

LEAVE 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) ON _____

PERSONAL _____

SICK _____

VACATION _____

COMPENSATORY _____

YOUR CONSIDERATION OF THIS MATTER WILL BE APPRECIATED.

SINCERELY,

EMPLOYEE'S NAME (Please Print) SIGNATURE:

APPROVED:

PRINCIPAL/SUPERVISOR

SUPERINTENDENT