

SICK/PERSONAL/VACATION REQUEST

PHILADELPHIA PUBLIC SCHOOL DISTRICT
248 Byrd Avenue
Philadelphia, MS 39350

Name: _____ Today's Date: _____

Types of Leave Requested:

_____ **Sick Leave** _____ **Personal Leave** _____ **Vacation Leave**

Number of Days Requested _____

Date(s) for Leave _____

Comments: _____

Employee's Signature

_____ Approved

_____ Disapproved

Signature of Administrator

Date