

**SYLACAUGA CITY BOARD OF EDUCATION
REQUEST FOR PERSONAL LEAVE
Sylacauga, Alabama**

.....

Date _____

School _____

Request is hereby made for _____ day(s) of personal leave for the date(s) of:

Print Name of Employee

Signature of Employee

Date

Supervisor/Principal Action:

Check One:

Approved

Disapproved

Signature of Supervisor

Date

Approved

Disapproved

Signature of Principal

Date

Superintendent's Action:

Approved

Disapproved

Signature of Superintendent

Date