Southeastern Services & More
LEAVE REQUEST FORM

To: _____ **Today's Date:** _____
Name: _____ **ID#** _____

Job Type:

☐ Administrator/Dept Head ☐ Assistant ☐ Teacher

Leave Type		GENERAL DESCRIPTIONS	✓
SL	Sick Leave	Personal Illness, Medical Appointment	
AL	Annual Leave	Employees who require a substitute may not use AL on student days	
PL	Personal Leave	Only teachers and media coordinators earn personal leave.	
W/OP	Leave without Pay	An employee may be granted a leave of absence without pay at the discretion of the superintendent. If approved by the principal, please forward this request to the office of the superintendent	

Designate dates, days and type of leave.

Date and Day(s) _____

_____

_____
Employee's Signature

_____
Supervisor's Signature