

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) on _____ (Date)

PERSONAL _____

SICK _____

VACATION _____

COMPENSATORY _____

JURY DUTY _____

DETACHED DUTY _____ FUND SOURCE: _____

Employee's Signature

Date

APPROVAL:

Principal/Supervisor's Signature

Date