

FRANKLIN COUNTY SCHOOL BOARD
LEAVE FORM

NAME _____ EMPLOYEE ID NUMBER _____

_____ SICK LEAVE _____ JURY DUTY
_____ VACATION LEAVE _____ MILITARY
_____ PERSONAL LEAVE _____ UNPAID LEAVE
(Up to six days deducted From sick leave)
_____ TEMPORARY DUTY _____ ILLNESS-IN LINE OF DUTY
_____ WORKERS COMPENSATION _____ COMPENSATORY TIME

_____ DONATED SICK LEAVE HOURS TO: _____ ID# _____

DATES OF ABSENCES: _____
MONTH, DAY AND YEAR _____

_____ TOTAL HOURS: _____

IF INJURY, DATE _____ NOTES _____

IF TEMPORARY DUTY, STATE PURPOSE FOR LEAVE AND DESTINATION _____

SUBSTITUTE INFORMATION

NAME _____ EMPLOYEE ID NUMBER _____
DATE _____ HOURS _____ DATE _____ HOURS _____
DATE _____ HOURS _____ DATE _____ HOURS _____

EMPLOYEE'S SIGNATURE _____

SUPERVISOR'S SIGNATURE _____

REVISED 01-04-07

****THERE CAN BE NO CHANGES TO THIS LEAVE FORM AT THE DISTRICT LEVEL****