Maury County Public Schools
Columbia, TN 38401

ADMINISTRATOR (Principal, Assistant Principal, Supervisor)
VACATION/ SICK/ PERSONAL/ CONTRACT DAY LEAVE REQUEST

I would like to take the following: (check one)

Vacation____  Personal Leave____  Contract Day(s)____  Sick____

***Dates:________________________________________________________

________________________________________________________________

Total number of days absent:____________________

I will return to work on (date)_______________________________________

______________________________________________________________

Employee Signature                                                        Date

______________________________________________________________

Principal Signature*                                                     Date

***BUILDING DESIGNEE:___________________________________________

*Principal’s signature is required for AP Requests

Location:________________________________________________________

Turn in a “Request for Payment of Substitute Teachers” form to the appropriate Instructional Supervisor reporting number of vacation, personal or sick days used, etc. when you return. The form should remain in tact inclusive of the pink copy, which will be returned to you once the form is signed. You may retain the goldenrod copy for your records.

RETURN TO:   Appropriate Supervisor

A copy will be returned to the employee.

CENTRAL OFFICE USE ONLY

Date Received:______________

Action Taken:       Approved_________   Not Approved_______

Reason:_______________________________________________________

______________________________________________________________

Approval Signature: ___________________________________________ Date_____________