



TALBOT COUNTY SCHOOL SYSTEM

LEAVE REQUEST

Name _____ School/Location _____

Grade Level/Position _____

Date(s) Absent _____

Reason:

- _____ Sick Leave
- _____ Personal Leave (deducted from sick leave)
- _____ Bereavement (deducted from sick leave)
- _____ Annual Leave*
- _____ Jury Duty/Subpoena/Military Leave
- _____ Professional Leave*
- _____ School Business*

*Requires prior approval

Name of Professional Leave/School Business Activity

Is substitute needed? _____ Yes _____ No

Signature of Employee _____ Date _____

Date _____

Approval of Principal and Superintendent (for professional/school business leave)

Compliance Act Code

List funding source for:

Substitute	_____
Registration	_____
Travel	_____

Funding Code _____

If a substitute teacher is needed, complete the following information immediately after the leave is taken and return this form to the Finance Office.

Substitute Name	Number of Days	Date(s)
_____	_____	_____
_____	_____	_____