Washington County School Board

652 Third Street
Chipley, FL 32428

REQUEST OF LEAVE

Employee ID : _____ Employee Name: _____

Type	Reason	Hours	Begin Date	End Date

TYPE:

SK	Sick Leave
AL	Vacation Leave
PL	Personal / Sick
BK	Sick Leave Bank
TD	Temporary Duty
UP	Unpaid

REASON:

110	Sick Leave
111	Maternity
220	Personal
330	Vacation
440	Unpaid
442	Suspension Without Pay
443	Worker's Compensation
550	Sick Leave Bank
660	Jury Duty
663	Military Leave
666	Administrative Assignment
667	Bereavement *
670	In-City Field Trip / Conf / Workshop - No Sub
671	In-City Field Trip / Conf / Workshop - Reg Sub
680	Out-City Field Trip / Conf / Workshop - No Sub
681	Out-City Field Trip / Conf / Workshop - Reg Sub

If Injury, date: _____

Notes: _____

* If Bereavement, state relationship: _____

If Temporary Duty Leave, state purpose for leave and destination:

SUBSITUTE INFORMATION

Social Security Number	Name	Date	Hours

Use Employee Distribution: _____ or Account Below:

Fund	Function	Object	Cost Center	Project	Program

Account Authorized by: _____

Date: _____ Employee's Signature: _____

Date: _____ Supervisor's Signature _____