



HAZLEHURST CITY SCHOOL DISTRICT
119 Robert McDaniel Drive
Hazlehurst, MS 39083

Mr. Cloyd Garth Jr., Superintendent

CERTIFIED PERSONNEL ABSENTEE REQUEST FORM

Please Print

Name _____ Date _____

I am requesting to be off on:

Select One

Monday	Date _____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day
Tuesday	Date _____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day
Wednesday	Date _____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day
Thursday	Date _____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day
Friday	Date _____	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day

Date to return to work: _____

Please Check Type of Leave

- | | |
|--|--|
| <input type="checkbox"/> Sick | <input type="checkbox"/> Professional Day |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Vacation (year round employee only) |
| <input type="checkbox"/> Military | <input type="checkbox"/> With Out Pay |
| <input type="checkbox"/> Approved FMLA | |

Employee Signature _____

- Approved
 Denied

Principal/Supervisor _____ Date _____