

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

Mr. Cloyd Garth Jr., Superintendent

Non-Certified Personnel Absentee Request Form

Please Print

Name _____ Date _____

I am requesting to be off on:

| | | | |
|-----------|------------|-----------|-------------|
| Monday | Date _____ | For _____ | Hours _____ |
| Tuesday | Date _____ | For _____ | Hours _____ |
| Wednesday | Date _____ | For _____ | Hours _____ |
| Thursday | Date _____ | For _____ | Hours _____ |
| Friday | Date _____ | For _____ | Hours _____ |

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 |

Employee Signature _____

- Approved
- Denied

Principal/Supervisor _____ Date _____