



HAZLEHURST CITY SCHOOL DISTRICT
119 Robert McDaniel Drive
Hazelhurst, 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 |
| <input type="checkbox"/> Approved FMLA | |

Employee Signature _____

- Approved
- Denied

Principal/Supervisor _____ Date _____