

**COLUMBUS COUNTY SCHOOLS
Whiteville North Carolina 28472**

**LEAVE REQUEST
(Classified Personnel)**

An employee requesting a leave of absence is required to schedule an appointment with the personnel office prior to completion of this leave request form. A physician's statement is required for all leaves requesting temporary disability.

Employee	Home Address	School/Department	Position

Requests a Leave of Absence due to:

Type of Leave Requested	Place an "X" on the appropriate Leave
Temporary disability	
Family Illness (Intermittent)	
Other	
Parental Leave	

Length of Leave:

Beginning Date of Leave	
Ending Date of Leave	

I wish to use:

Accumulated Sick Leave		Military Leave	
Annual Leave/Bonus Annual Leave		Short-term Disability	
Family Leave (Intermittent)		Worker's Compensation	
Leave without Pay*		Compensatory Time	
Long-Term Disability		Extended Short-term	
Donated Leave		Educational Leave	

***Leave without pay may result in an installment (12 months pay) contract being cancelled.**

Employee's Signature

Date

Principal's/Supervisor's Signature

Date

Superintendent's Signature

Date