



Caldwell County Schools Education Center  
Request for Leave

\_\_\_\_\_  
Month/ Year

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Department

I hereby request leave as follows:

- \*Annual Leave  
Total Working Days Requested: \_\_\_\_\_ Dates Requested: \_\_\_\_\_
- \*Bonus Annual Leave  
Total Working Days Requested: \_\_\_\_\_ Dates Requested: \_\_\_\_\_
- \*Sick Leave  
Total Working Days Requested: \_\_\_\_\_ Dates Requested: \_\_\_\_\_
- Non-Paid Leave  
Total Working Days Requested: \_\_\_\_\_ Dates Requested: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee/Date

\_\_\_\_\_  
Supervisor Approval/ Date

\*Annual Leave and Non-Paid Leave:

Submit form to your immediate supervisor two days prior to taking annual leave or non-paid leave.

\*Sick Leave:

Submit form to your immediate supervisor the day you return to work.

Changes/ Corrections- Please submit to your immediate supervisor for approval.

**Supervisors must submit forms to Susan Duncan prior to payroll cut-off date each month.**