

Dickson County Board of Education
 817 North Charlotte Street
 Dickson, TN 37055
 (615) 446-7571
 Fax # (615) 441-1375

Sick Leave Request

All employees must fill out two copies each time sick leave is used and turn it in on the first day of return to work. The Principal must forward one copy to the Superintendent's office with each monthly report (same as request for the personal leave and release day forms). Put the number of days absent under "sick-self" or "other," and indicate if the sick leave will be taken without pay.

Employee's Name: _____

| Date Absent | Substitute's Name | Sick-Self | Other (relation) | Check if w/o pay |
|-------------|-------------------|-----------|------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Employee's Signature

Date

Principal's or Supervisor's Signature

Date

Number: 2.8600
Contract Cross Reference: Article XVI

Created/Edited: 8/9/07
Board Policy Cross Reference: 5.1033, 5.3020