



**DICKSON COUNTY BOARD OF EDUCATION**

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**SICK LEAVE REQUEST FORM**

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 report). 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