



DICKSON COUNTY SCHOOLS
Personal Leave Request

Name: _____

Date(s) of Leave: _____ Total # of Days: _____

You MUST check one:

This leave will be: Personal Day
 Without Pay
 Other (specify)
 (military, jury duty,
 etc)

Additional comments: _____

Signature

Date

Name of substitute teacher: _____

Your request for personal leave has been:

Approved
Disapproved

Reason for Disapproval: _____

Principal or Supervisor Signature

Date