



DICKSON COUNTY SCHOOLS
Personal Leave Request

Name: _____

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

You MUST check one:

- This leave will be:
- | | |
|---|--------------------------|
| Personal Day | <input type="checkbox"/> |
| Without Pay | <input type="checkbox"/> |
| Other (specify)
(military, jury duty, etc) | <input type="checkbox"/> |
- _____

Additional comments: _____

Signature Date

Name of substitute teacher: _____

Your request for personal leave has been:

Approved	<input type="checkbox"/>
Disapproved	<input type="checkbox"/>

Reason for Disapproval: _____

Principal or Supervisor Signature Date

Elementary/Secondary Supervisor Signature Date

Director of Schools Signature Date