



DICKSON COUNTY BOARD OF EDUCATION

Dr. Vivian McCord, Interim Director of Schools
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Phone 615-446-7571 – Fax 615-441-1375

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