

PRINCIPALS

REQUEST FOR SICK LEAVE OR PERSONAL/PROFESSIONAL DAY

HARDEMAN COUNTY BOARD OF EDUCATION

Donald Hopper, Ph.D.

Director of Schools

P.O. BOX 112 -- 10815 OLD HIGHWAY 64

BOLIVAR, TN 38008

EMPLOYEE: _____
PRINT NAME

Number of Day(s): _____ **SICK** _____ **PROFESSIONAL/PERSONAL**

DATE(S) OF ABSENCE:

<u>MONTH</u>	<u>DAY</u>	<u>YEAR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL DAY(S): _____

EMPLOYEE SIGNATURE

DIRECTOR OF SCHOOLS

DATE

NOTE: A SEPARATE FORM WILL NEED TO BE COMPLETED FOR EACH MONTH.

Ex: Do not include August days on the same sheet with September days.