

**REQUEST FOR NON-SICK LEAVE OF ABSENCE
HARDEMAN COUNTY BOARD OF EDUCATION**

Donald L. Hopper, Ph.D.

Director of Schools

10815 Old Highway 64---P.O. Box 112

Bolivar, Tennessee 38008

APPLICATION FOR PAY FOR NON-SICK LEAVE TEACHING

Name of regular teacher _____

Name of substitute teacher _____

Reason for absence _____

Date of Absence:

<u>Month</u>	<u>Day</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total day(s) _____

Was prior approval secured? _____

Signed _____
Regular Teacher

Signed _____
Substitute Teacher

Approved _____
Principal

Name of School

Approved _____
Director of Schools

FOR CENTRAL OFFICE USE ONLY

Number days absent _____

Rate of pay \$ _____

X number of day's _____

Gross \$ _____

Withholding Tax \$ _____

Social Security \$ _____

Retirement \$ _____

Net pay \$ _____

Date deducted from salary _____

Date substitute paid _____