APPLICATION FOR REGULAR SICK LEAVE

HARDEMAN COUNTY BOARD OF EDUCATION
Donald L. Hopper, Ph. D.
Director of Schools
P.O. BOX 112 . .10815 OLD HIGHWAY 64
BOLIVAR, TENNESSEE 38008

I hereby make application for the Hardeman County Board of Education to pay

_____ for substitute teaching for _____.
Print Name

I was absent:	Month	Day	Year
	_____	____	_____
	_____	____	_____
	_____	____	_____
	_____	____	_____
	_____	____	_____

Total days absent: _____

Because of:

1. Illness of self caused by sickness due to natural causes or accident _____
2. Quarantine_____
3. Illness or death of a member of my immediate family:

		Illness	Death
A.	Wife or Husband	_____	_____
B.	Parents	_____	_____
C.	Grandparents	_____	_____
D.	Children	_____	_____
E.	Grandchildren	_____	_____
F.	Brothers	_____	_____
G.	Sisters	_____	_____
H.	Mother-in-law	_____	_____
I.	Father-in-law	_____	_____
J.	Daughter-in-law	_____	_____
K.	Son-in-law	_____	_____
L.	Brother in-law	_____	_____
M.	Sister-in-law	_____	_____

Please mark an **X** in the correct blank.
Name of doctor, if service rendered: Dr.: _____

Teacher is: general-purpose _____
Title I _____
Special Ed. _____
Other _____
(Please indicate other)

_____
Signature of Teacher

_____
Name of School

_____
Signature of Principal (Date)

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