

Mississippi Schools for the Deaf and the Blind

LEAVE FORM

This form is to be utilized for taking any personal, sick or vacation days. All leave requested must be preapproved by your immediate Supervisor.

Name: _____				
Dates Leave Requested	From	To	Leave Requested	No. of Hours Requested
			Personal	
			Sick	
			Vacation	
			Other	

SIGNATURE OF EMPLOYEE

DATE: _____

SIGNATURE OF IMMEDIATE SUPERVISOR

DATE: _____

APPROVED

DISAPPROVED

Disapproval Reason: _____