

King George County Schools Report of Absence Form

Form must be signed and approved or, if marked with an asterisk (*) pre-approved
Please complete one form for each leave request.

Employee Name: _____

Absence Dates: _____

Type of Absence	Half Day	Full Day	AM/PM	Substitute Needed?		Substitute Name
				YES	NO	
*Personal Leave						
Sick Leave						
*Comp Time/Leave						
*Professional Leave						
*Vacation Leave						
Bereavement Leave						
Jury Duty						
Military Duty						
*Maternity Leave						
*Leave Without Pay						

Comments: _____

Employee Signature

Date

Completed by Supervisor: Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
_____ <i>Supervisor Signature</i>	_____ <i>Date</i>