NORTHAMPTON COUNTY SCHOOLS

REQUEST FOR LEAVE

Name of Staff Member			Work Site		Date	
has requested to be	absent from work on	this date(s):			ş.	
		(8	Substitute Needed:	Yes	No	
Type of Leave:	Annual Sick Professional		Personal Community Other (Specify)			
*Please attach an	agenda, printed co	onfirmation or docu	mentation for Profes	sional or Co	ommunity Leave.	
FMPI OYFF STGNATURE			IMMEDIATE SUPERVISOR			

All personnel must complete this form and submit to the immediate supervisor; the supervisor will forward a copy to the Human Resources office. Forms should be completed and approved 5 days prior to absence or immediately following emergency absence.