

BOAZ CITY SCHOOLS BOAZ, ALABAMA 35957 WWW.BOAZK12.0RG

Leave of Absence Request Form

Personnel: _

School:	Employee Name:				
Beginning Date of Leave: Ending Date of Leave: Total Days of Leave: I will use the following days: (Please indicate the number of days) Sick Sick Bank Personal Personal (unpaid) Catastrophic Leave* Catastrophic Leave *!f applying for Catastrophic Leave, you will need to obtain a separate 'Catastrophic Leave Form' from Payroll at the Central Office. This form will need to be filled out by a Physician and returned before your leave can go before the BOE for approval request. NOTE: Please make sure to obtain a recommendation letter from your school's Principal to accompany this form. Principal's recommendation should also include the name of the substitute filling the leave during your absence if applicable. A certified substitute should be obtained for any long term leave (in excess of 5 days) of a certified staff	School:				
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Principal's recommendation should also include the name of the substitute filling the leave during your absence if applicable. A certified substitute should be obtained for any long term leave (in excess of 5 days) of a certified staff					
member where substitutes are necessary.					
Employee's Signature: Date:	Employee's Signature:		Date:		
Principal's Signature: Date:	Principal's Signature:		Date:		
Please turn in form to Central Office at 126 Newt Parker Drive, Boaz, AL 35957 Office Use Only:					
126 Newt Parker Drive, Boaz, AL 35957 Office Use Only: Payroll:	120 NEWL FAIKEL DIIVE, DUAZ, AL 33937				