



BOAZ CITY SCHOOLS

BOAZ, ALABAMA 35957

WWW.BOAZK12.ORG

Leave of Absence Request Form

Employee Name: _____

School: _____

Type of Leave: _____

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)
_____ Vacation _____ Unpaid Leave
_____ Catastrophic Leave*

** If 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 member where substitutes are necessary.

Employee'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:

Payroll: _____

Personnel: _____