KINGSPORT CITY SCHOOLS

LEAVE REQUEST FORM

For
PERSONAL LEAVE, VACATION, UNDESIGNATED HOLIDAY(S)
AND COMPENSATORY TIME

This form is to be completed and submitted to your immediate supervisor for approval as soon as possible PRIOR to the requested leave.

EMPLOYEE NAME: _____ S.S.#:_____

SCHOOL / DEPARTMENT: _____

I hereby request _____day(s) leave for _____
(Personal, Vacation, Undesignated Holiday, Compensatory Time)

beginning _____ and going through _____. I understand that leave
(Date) (Date)

pay will not be authorized until this form is approved by the appropriate supervisor.

_____ _____
(Employee Signature) **(Date)**

Vacation Days Earned _____
Vacation Carry Over Days +_____
=_____
Days Taken (including above) _____
Days Remaining _____

Undesignated Holiday _____; _____; _____

Personal Days (1)_____
(2)_____

Compensatory Time Earned _____**(hrs)**
Compensatory Time Taken (including above) _____**(hrs)**
Compensatory Time Remaining _____**(hrs)**

APPROVED: _____ _____
(Supervisor) **(Date)**

Personnel Revised 8/27/03