



Holmes County Consolidated School District Employee & Attendance Variation Form

This form is to be completed as appropriate for the absence and signed by the employee. This form is to be sent to your Administrator/Supervisor and submitted by 9:00 am the day you return to work.

NAME: _____ POSITION: _____

SCHOOL/DEPARTMENT: _____

DATE(S) OF ABSENCE: _____ TOTAL NO. OF DAYS: _____

Personal Leave
 Annual Entitlement: _____
 # Previously Used: _____
 # This Request: _____
 Balance: _____

Vacation
(Leave requests should be submitted as soon as possible. Leave requests must be submitted, processed, and approved a MINIMUM of 5 working days prior to leave date)
 Annual Entitlement: _____
 # Previously Used: _____
 # This Request: _____
 Balance: _____

Sick Leave
(Personal/Family Illness)
Employee should submit a doctor's statement of the ability to work after an absence of 4 or more consecutive days.
 Annual Entitlement: _____
 # Previously Used: _____
 # This Request: _____
 Balance: _____

Jury Duty
 (Must attach documents)

Personal Injury
(Worker's Compensation)
 If absence for **Sick Leave** is due to personal injury while on school/board property or while performing contractual obligations, contact your Administrator/Supervisor and attach a Personal Injury Report form.

Absence for Cause other than Types Listed
Please Explain:

Military Leave
 (Must attach documents)

Unpaid Leave
Please Explain:

Employee Explanation/Clarification
 Change of Previous Action

Professional Leave - Fifteen (15) days written notice required/Complete Explanation. Must have prior approval and completed registration form
 Name of Professional Activity: _____
 Sponsoring Agent: _____
 Geographic Location: _____
 Substitute Teacher: YES NO
 Cost: Registration _____ Travel _____ Lodging _____ Total _____
Source of Funding: _____
 APPROVED NOT APPROVED
 SIGNATURE OF ADMINISTRATOR/SUPERVISOR: _____

I certify that this absence or modification of worksite was due to the reason checked and as explained or clarified. I request that this be authorized in accordance with the rules and regulations of the Board of Education.

EMPLOYEE SIGNATURE: _____ DATE SUBMITTED: _____

SIGNATURE OF ADMINISTRATOR: _____ APPROVED NOT APPROVED

FOR OFFICE USE ONLY

DEDUCT FROM PAY: _____ **CHARGE TO:** SICK LEAVE: ___ PERSONAL LEAVE: ___ VACATION: ___ OTHER: ___

SUPERINTENDENT/DESIGNEE SIGNATURE: _____ DATE: _____

TABULATED BY PAYROLL: _____ DATE: _____