



Savannah-Chatham County Public School System
**Request for Approval to be Absent
 and Excuse for Absence**

ENTERED: _____ DOC #: _____

SCHOOL/DEPARTMENT: _____ DATE OF REQUEST: _____

NAME OF EMPLOYEE: _____ POSITION: _____

YTD LEAVE USE : _____ EMPLOYEE ID: _____

(TOTAL HRS USED FOR LEAVE TYPE REQUESTED)

DATE	DATES & HOURS				COMMENTS
	HOURS				
	FROM	TO	TOTAL	LEAVE CODE	

Leave Codes: P = Personal • F = Family • M = Military • V = Vacation • J = Jury Duty • B = Berevement • L = Leave w/o Pay • S = Sick • PL = Professional Leave

(All Professional/Personal Leave should be approved 3 days in advanced by Department Head.)

SICK PAY REQUESTED YES or NO
 SUBSTITUTE REQUESTED YES or NO

 Employee Signature

 Principal / Dept. Head Signature

 Div. Approval (Professional Leave)

Physician's Certificate

This is to certify _____ has been under my professional care from _____ to _____
 and during this period was unable to attend duties.

 Physician's Signature