



PANOLA SCHOOLS

Leave of Absence Request Form

Employee Name Date

Department/Campus Leave Start Date Expected Return Date

Half Day (4 hours)

Full Day (8 hours)

Total Number of Days Requested: _____

Reason for Time off:

Vacation

Medical - Self

Bereavement

Leave of Absence

Personal Time Off

Family Member's Medical Condition:

Spouse

Parent/Parent-In-Law

Child

Other: _____

Explanation:

Employee Signature Date

Principal Signature Date

Superintendent Signature Date

Office Use Only:

Approved

Not Approved

Notes: _____
