

# *Forest Municipal School District*

325 Cleveland Street • Forest, Mississippi 39074 • (601) 469-3250

## OFFICIAL LEAVE FORM

LOCATION:                      FHS                      HMS                      FES  
(CIRCLE LOCATION)

EMPLOYEE NAME: \_\_\_\_\_

DATES OF ABSENCE _____	NO. OF DAYS _____	CODE _____
DATES OF ABSENCE _____	NO. OF DAYS _____	CODE _____
DATES OF ABSENCE _____	NO. OF DAYS _____	CODE _____

RECAP

_____ VACATION DAY (CODE V)		
_____ SICK (CODE S)		
_____ PERSONAL (CODE P)		
_____ PROFESSIONAL (CODE PF)	_____ What	_____ Where
_____ COMP (CODE CO)		
_____ UNEXCUSED (CODE UE)		
_____ JURY DUTY (CODE J)		

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
SUPERINTENDENT'S SIGNATURE

Payroll \_\_\_\_\_  
Accounts Payable \_\_\_\_\_