

**North Pike School District
1036 Jaguar Trail
Summit, MS 39666**

LEAVE ABSENCE FORM

Name: _____

Date of Leave: _____

Approximate Time: _____:_____ to _____:_____ or _____ Full Day

Please check the appropriate leave below:

_____ SICK Family Illness -- Relationship _____

Family Death -- Relationship _____

_____ PERSONAL

_____ PROFESSIONAL LEAVE

_____ VACATION

_____ JURY DUTY

_____ COMP LEAVE

_____ MILITARY LEAVE

Employee Signature

Date

Supervisor Signature

Date

Supervisor completes this section:

Actual Time : _____

¼ of a day (.25)

½ of a day (.50)

¾ of a day (.75)

1 full day

Supervisor's Signature

For Payroll Purposes:

Leave Loaded _____

Pay Loaded _____