

**LINCOLN COUNTY SCHOOLS
APPLICATION FOR PERSONAL LEAVE/SICK LEAVE**

**STATE OF WEST VIRGINIA
COUNTY OF LINCOLN**

I, _____ am entitled to be paid for the following loss of time as provided by State Law and the regulations of the Lincoln County Board of Education regarding personal leave payment. I am aware that this request form must be filed at the end of the pay period in which the loss of time occurred (emergency conditions excepted).

Date(s) of Absence(s)	(Personal or Sick) Specific Reason for Absence(s)	Name of Sub
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee ID #

Signature of Employee

*** Dr's. statement must be attached if absence due to illness is for 3 or more days.

PERSONAL LEAVE REQUEST

Personal Leave for causes other than illness, death in family, etc. **must have Supervisor's approval 24 hours in advance of leave.** (School Law 18A-4-10).

Today's Date

Signature of Supervisor

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