

–BEAUFORT COUNTY SCHOOLS LEAVE FORM –



First Name

Last Name

Last 4 digits of SS#:

.....
School or Department

I hereby request (hours/days

Type of Leave

On the following dates
(mm/dd/yyyy):

Purpose and Destination:

Employee Signature: _____ Date: _____

Name of Substitute Used to Cover Leave: _____
.....

Principal/Director Signature: _____ Date: _____

Approval : Yes

 No