Mountain Brook City Schools Leave Request & Substitute Form

Employee Name:		School or Department:						
Date of Absence(s):	record each a	lay and indica	te amount of l	leave requested.				
Monday		sday		dnesday	Thursday	Frid	Friday	
Select Leave Type:								
Sick Leave					Personal Leave	*Approval requ	ired	
Personal Illness	Fa	mily Illness			Vacation Leave	*Approval required		
Bodily Injury	De	eath in Family	<i>I</i>	Unpaid Leave	*Approval requ	ired		
Other	Reason:							
Prof Development	Reason:							
			_	•	n Approval Signature. reason/explanation.			
	<u>Oin</u>	ier Leave & 1	rojessionai	Leave require a	reason/explanation.			
Employee Signature:		Date:						
Approval Signature:		Date:						
Substitute Informat	ion							
Substitute Printed Name			Substitute Signature			✓	Date Worked	
						□ 1/2 Day		
						☐ Full Day ☐ 1/2 Day		
						☐ Full Day		
						□ 1/2 Day		
						☐ Full Day		
						□ 1/2 Day		
						☐ Full Day		
						□ 1/2 Day		
						☐ Full Day		
Funding Source & Approval / BOE Funded	☐ Barlow	☐ Austin	☐ Prewitt	☐ Hood				
	☐ Beckham	☐ Cole	☐ Neura					
	☐ Brooks	☐ SpecEd	☐ Brandt		Admin Approval:			
Payroll Procedures		Kelly Services Substitutes						
	☐ Office				□в	ill to School		
AOD -post employee leave		☐ PreSch	eSchool			Bill to HS - P5		
AOD - <u>do not</u> post substitute		☐ Kinder	☐ Kindergarten ☐ Gr 7-12 ☐ Gr 7-12 Special Ed					
						Scan Kelly	Services to A/P	