

WARREN COUNTY SCHOOLS

ANNUAL/BONUS/SICK LEAVE APPLICATION FORM

*Note that **Annual Leave** should be requested at least **seven (7)** days in advance. Annual Leave shall be approved before taking leave.*

Name: _____

Employee ID Number: _____ **School/Department:** _____

Annual Leave

Date(s) Requested: _____

Number of Days Requested: _____

Bonus Leave

Date(s) Requested: _____

Number of Days Requested: _____

Sick Leave

Date(s) Requested: _____

Number of Days Requested: _____

Signature of Staff Member: _____ Date: _____

Approved by Supervisor/Principal: _____ Date: _____

Original: Submit To Payroll Officer _____ Supervisor/Principal

_____ Employee (Once Approved By Supervisor/Principal)