

Horry County Schools PO Box 260005 Conway, SC 29528-6005

Employee Leave Request

nployee Name:			Location:				
): -				Date:			
Codes:	Description:			Codes:	Description	n:	
PERLV	Personal Leave			ANLV	Annual Lea		
SLFAM	Illness In Family			PRFLV	Professiona	al Leave	
SLPER	Personal Illness			JURDY	Jury Duty		
SLBRE	Bereavement			DOCK	Dock Pay		
Date	Hour(s)	Code	Description	on/Reason			
Date	Hour(s)	Code	Description/Reason				
Date	Hour(s)	Code	Description/Reason				
Date	Hour(s)	Code	Description/Reason				
Date	Hour(s)	Code	Description/Reason				
I hereby certify the above information is complete and true.			Employee Signature			Date	
Approved Not Approved			Supervisor's Signature			Date	
SUBSTITUTE	E PAYMENT INFO	ORMATION (if	f required):				
Date	Hour(s)	Sub Employee	<u> </u>	Substitute	Name		
Date	Hour(s)	Sub Employee	e ID	Substitute	Name		
Date	Hour(s)	Sub Employee ID		Substitute	Substitute Name		
Date	Hour(s)	Sub Employee ID		Substitute	Substitute Name		
Date	Hour(s)	Sub Employee ID		Substitute	Substitute Name		
Office Use	· Keved	Δr	nroved				