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The Learning Tree, Inc.

LEAVE REQUEST FORM

Specify if leave is **Personal** or **Medical** _____

Employee Name (Please Print): _____

Employee #: _____

Today's Date: _____

Date(s) Requested for Personal or Medical Leave:

I am making a request for scheduled Personal or Medical Leave. I understand that if a substitute is necessary, I must correctly fill out the Substitute Request Form located on the back of this page.

Employee Signature: _____

Comments: _____

This form must be submitted to the employee's immediate supervisor for approval.

Supervisor Signature & Date: _____

Supervisor Signature & Date: _____

Supervisor Signature & Date: _____

Supervisor Signature & Date: _____

Supervisor Signature & Date: _____