

**SOUTHAMPTON COUNTY PUBLIC SCHOOLS  
COURTLAND, VIRGINIA**

**PERSONAL LEAVE FORM**

DATE: \_\_\_\_\_

I AM REQUESTING PERSONAL LEAVE ON \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

NUMBER OF PERSONAL LEAVE DAYS: \_\_\_\_\_ FOR THE \_\_\_\_\_ - \_\_\_\_\_ SCHOOL YEAR.

NUMBER TAKEN TO DATE: \_\_\_\_\_

NUMBER LEFT TO BE TAKEN: \_\_\_\_\_

APPROVED:  YES       NO

\_\_\_\_\_  
PRINCIPAL/SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FINANCE OFFICER

\_\_\_\_\_  
DIVISION SUPERINTENDENT

**\* PLEASE SUBMIT IN DUPLICATE\***