

**GILMER COUNTY SCHOOLS
ANNUAL LEAVE REQUEST FORM**

I, _____, request the following days
_____ as **Annual** or **Unpaid** Leave.
(PLEASE CIRCLE)

922-00-_____ ID NUMBER

Number of days this request: _____

EMPLOYEES SIGNATURE: _____ DATE _____

IMMEDIATE SUPERVISOR: _____ DATE _____

BUSINESS MANAGER: _____ DATE _____

SUPERINTENDENT: _____ DATE _____