

**GILMER COUNTY SCHOOLS
ANNUAL LEAVE REQUEST FORM**

I, _____, request the following days
_____ as **Release Days**.

922-00-_____ ID NUMBER

Number of days this request: _____

EMPLOYEES SIGNATURE: _____ **DATE**

IMMEDIATE SUPERVISOR: _____ **DATE**

BUSINESS MANAGER: _____ **DATE**

SUPERINTENDENT: _____ **DATE**