

Charlotte County Public Schools
❖ ANNUAL LEAVE REQUEST ❖

Employee Name: _____

School Year: _____

Number of Annual Leave Days Available: _____

Number of days Requested: _____



I request to be off on the following dates for annual leave:

_____ (inclusive)

_____ (inclusive)

_____ (inclusive)

Comments:

Employee Signature: _____

Date: _____

Principal/Supervisor Signature: _____

Date: _____