

**SYLACAUGA BOARD OF EDUCATION**  
**REQUEST FOR MILITARY LEAVE**

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

SCHOOL: \_\_\_\_\_

Request is hereby made for \_\_\_\_\_ day(s) of military leave for the date(s) of  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Employee

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Supervisor's Action

\_\_\_\_\_ Approved                      By \_\_\_\_\_

\_\_\_\_\_ Disapproved                      Date \_\_\_\_\_

Superintendent's Action

\_\_\_\_\_ Approved                      By \_\_\_\_\_

\_\_\_\_\_ Disapproved                      Date \_\_\_\_\_