



**BOLIVAR COUNTY COMMUNITY ACTION AGENCY, INC.  
BOLIVAR COUNTY HEAD START PROGRAM**

**LEAVE OF ABSENCE**

**Employee:** \_\_\_\_\_  
**(Print Name)**

**Date:** \_\_\_\_\_

Type of Leave	Leave Dates	Days on Leave
Personal Illness		
Medical Leave		
Death of Immediate Family		
Annual Leave		

**Comments/Notes:**

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**Note:**

- Leave can only be taken in Full Day or Half Day (1/2) day Increments.
- The signature of the Executive Director is only required when the leave of absence is more than three (3) days.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**Approvals:**

\_\_\_\_\_  
**Content Area Specialist/Program Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Executive Director**

\_\_\_\_\_  
**Date**