



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

**LEAVE OF ABSENCE**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_ Pay Code: \_\_\_\_\_  
(Print Name)

Type of Leave	Leave Dates	Days on Leave
Personal Illness		
Annual Leave		
Bereavement Leave		
Jury Duty		

**Comments/Notes:**

---



---



---

**Note:**

- Leave can only be taken in Full Day or Half Day (1/2) day Increments.
- The Approval signatures of the Content Area Specialist/Program Director and Executive Director are required when the leave of absence is more than three (3) days.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director Signature

\_\_\_\_\_  
Date

*Below Approvals: (only required if the leave is more than 3 days)*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date