



Clarksville Montgomery County School System
Legislative Leave Request

Employee Name: _____ Employee ID# _____

I have been elected to the following State or Local Law making body: _____

I am requesting the following days(s) pursuant to HUM-A088

Date: _____

Time of meeting: _____

Type of meeting: _____

Full day or ½ day: _____

Employee Signature

Date

Supervisor/Principal Signature

Date

Chief Human Resources Officer Signature

Date

Cc: Payroll Department
Personnel File