



REQUEST FOR EDUCATIONAL LEAVE

Service Line:

- Island Health Care
- Island Hospice
- Independent Life at Home
- Ideal Aging
- RightHealth®
- THA Services

Community Office:

- Beaufort
- Bluffton/HHI
- Skidaway/RH
- Statesboro
- Perry Street
- W Savannah (Pooler)

Requester Name: _____

Request Date: _____

Date of Requested Leave: _____

Description of Educational Leave:

Additional Comments:

Approved by:

Supervisor

Date

President/CEO

Date