

Haralson County School System

Report of Absence/Request for Leave Form

Teachers/Staff who are absent due to sickness, emergency, field trips, in-service, staff development, etc. are required to complete this form. Forms must be turned in five days before a scheduled absence (classes, field trips, etc.) and immediately upon return to work after unscheduled absence (sickness, etc.). Once form is completed forward to the designated person in the main office.

Employee's Name

Work Site/School

Last Four of SSN

Date of Absence

Length of Absence
(1/4; 1/2; 3/4; 1 day)

List blocks/classes to be covered: _____

Sub used? Y/N Name of Sub Teacher: _____

- Illness** **Personal** **Vacation Day** **Jury Duty** (attach copy of summons)
- Subpoena** (school related) **Professional Leave** **Family Medical Leave**
- Professional Learning:** Professional Learning expense quote must be attached.

Portion below to be completed by School Office Staff

- Title I** (send form to Teaching/Learning)
 - Central Office Funded
 - Local school funded (_____ school)
- Title IIA** (send form to Teaching/Learning)
 - Central Office Funded
 - Local school funded (_____ school)
- State Professional Learning**
(send form to Teaching/Learning)
- Title III** (send form to Teaching/Learning)
- Title IV** (send form to Teaching/Learning)
- Title VIB** (send form to Teaching/Learning)
- CTAE Funds** (send form to Secondary Curriculum)
- Business Office Grant** (send form to business office)
Specify which grant _____

Employee's Signature

Date

PRIOR APPROVAL: **Granted** **Denied** (*Prior approval is REQUIRED FOR leave except for Illness, Jury Duty and Subpoena)

Signature of Authorizing Administrator

Date

Department Director or Funding Administrator

Superintendent, if required