

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., must 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 an unscheduled absence (sickness, etc.). Once the form is completed, forward it to the designated person in the main office.

Employee's Name		Work Site/Sch	ool		Last Four of SSN
Date(s) of Absence	Length of Absend (1/4; 1/2; 3/4; 1 day		Name of Sub	Teacher:	
	C	Personal	🗆 Pr	ofessional Lea	rning
	□ Family Medical Leave □		Jury Duty (attach copy of summons)		
Paid Parental Leave Float Day Subpoena (school related)					related)
Portion below to be completed for Professional Learning ONLY					
Title of Activity:				How will training be implemented:	
Location (City, State):		Redelivery to		to
Date(s) of Event:				Classroom Instruction	
Number of Working	Days (including t	ravel):		Leadership Development	
Expense Estimate:					
Lodging: \$ Meals (not provided by conference): \$					
Registration: \$		Mileage/Transportation (\$0.70 per mile): \$			
Misc. (Parking, Tolls, etc.): \$		TOTAL Estimated Expenses: \$			
Funding Source (Office Use Only)					
□ Title I □ Title V □ State Professional Learning □ L4GA Grant □ Other:					
	nd form to Special Educ			······································	
CTAE Funds (send form to CCA-CEO) Accounting Code:					
Employee's Signatur	e Date		Supervisor's Signature Date		
APPROVAL: Gra requests will NOT be app				ot for Illness, Jury Di	uty and Subpoena; Travel
 Department Directo	r/Funding Adminis	strator	Date	_	

Chief Administrative Officer's Signature

Date

Date

Superintendent, if required

Date

A COPY OF THIS APPROVED QUOTE MUST ACCOMPANY THE TRAVEL REIMBURSEMENT FORM