Haralson CountySchool 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'sName Work Site/School **Last Four of SSN**

_____ _____

Date(s) of Absence **Length of Absence (1/4; 1/2; 3/4; 1 day)** **Sub used? Y/N** **Name of Sub Teacher:** _____

□ **Illness** □ **Personal** □ **Professional Learning**

□ **Family Medical Leave** □ **Vacation Day** □ **Jury Duty** (attach copy of summons)

□ **Paid Parental Leave** □ **Float Day** □ **Subpoena** (school related)

Portion below to be completed for Professional Learning ONLY*

Title of Activity:	**How will training be implemented:**
Location (City, State):	□ Redelivery to
Date(s) of Event:	□ Classroom Instruction
Number of Working Days (including travel):	□ Leadership Development

Expense Estimate:	
Lodging: $	**Meals (not provided by conference): $**
Registration: $	**Mileage/Transportation ($0.76 per mile): $**
Misc. (Parking, Tolls, etc.): $	**TOTAL Estimated Expenses: $**

Funding Source (Office Use Only)

□ **Title I** □ **Title V** □ **State Professional Learning** □ **Other**: _____ (send form to Chief Admin. Officer)

□ **Title VIB-IDEA** (send form to Special Education)

□ **CTAE Funds** (sendform to CCA-CEO) **Accounting Code:**

APPROVAL: □ Granted □ Denied

_____ _____

Employee's Signature Date Supervisor's Signature Date

(*PriorapprovalisREQUIREDFORleaveexcept for Illness, Jury Duty, and Subpoena; Travel requests will NOT be approved until you have completed the online travel modules.)

_____ _____

Department Director/Funding Administrator Date

_____ _____

Chief Administrative Officer's Signature Date

_____ _____

Superintendent, if required Date

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