Lowndes County Public Schools
Post Office Box 755
Hayneville, Alabama 36040

NOTIFICATION OF ABSENCE OR REQUEST FOR PROFESSIONAL LEAVE FOR

_____ _____ _____
NAME POSITION LOCATION

Please be informed of my intent or request to be absent from work as follows:

Reason **Date, Time, Activity and Location+**

_____ **Sick Leave** _____

_____ **Annual Leave** _____

_____ **Personal Leave** _____

_____ **Jury/Military Duty** _____
(Attach original orders and/or subpoenas).

_____ **+Professional Leave** _____

Rational: (Check all that apply)
Competency on PDP _____ Job Related _____ Other _____
(Submit 3 weeks prior to the date(s) and attach workshop information.)
Reimbursement: ___ Yes ____ No (Please check **one.**)
If yes, check applicable items **only.** See LCPS Policy Manual File: DIE.
Travel @ 48.5 per mile _____ Per Diem Actual_____
Meals _____ Registration _____
Registration must be completed by the employee.

_____ **FUNDING SOURCE(S) (**Title I, Title II, ARFI, State, PTA, etc.)
_____ **Compensatory Time*** _____
_____ **Other*** _____ _____
***(**If applicable, attach verification.)
I may be reached during this absence. ___ Yes ___ No If "yes", write a phone number and/or an address. _____

Additional Comments: _____

_____\ _____ _____ \ _____
Signature of Employee **Date** **Supervisor's Signature** **Date**

This section Is to be Completed By CO Staff Only. →	**Request:** _____ **Granted** _____ **Denied** **Reimbursement:** _____ **Granted** _____ **Denied** **Travel Provision (s):** _____ **Carpool** _____**Other** _____ _____/ _____ **Signature of Superintendent** **Date**

Note: If reimbursement is approved a claim must be filed within 30 days. A reasonable number of employees shall be expected to Travel to and from their assignment in a carpool. (LCPS Policy, File: DIE)