



LOWNDES COUNTY PUBLIC SCHOOLS

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:

Substitute required: Yes No

Type	Dates, Time, Activity and Location+
_____ Sick Leave	_____
_____ Annual Leave	_____
_____ Personal Leave	_____
_____ Jury/Military Duty <i>(Attach original orders and/or subpoena.)</i>	_____
_____ Compensatory Time*	_____
_____ +Professional Leave	_____

Rationale: (Check all that apply)

Competency on PLP _____ 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 @ 57.5 per mile _____ Per Diem _____

Meals _____ Registration _____

(Registration must be completed by the employee)

FUNDING SOURCE(S) (Title I, Title II, ARI, TIF, CTE, Local, State, IDEA, Head Start, etc.)

FUNDING CODE _____ (Departmental Head Initials) _____

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: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
	Reimbursement: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
	Travel Provision(s): <input type="checkbox"/> Carpool <input type="checkbox"/> 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)*