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

(Attach original orders and/or subpoena.)

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 only.)

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

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)

Revised January 9, 2020