## 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 **one**.)

If yes, check applicable items **only**. See LCPS Policy Manual File: DIE.

Travel @ 55.0 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:** _____ **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)*