



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
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 @ 65.5 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)