

CALHOUN CITY SCHOOLS

Long-Term Leave Request Form and Agreement

Form to be completed by Principal/Designee and submitted to CHRO

Name of Employee on Leave (20+ workdays)

School

Leave Reason (Circle):

FMLA

WC

Other (Specify): _____

Tentatively, leave is requested to begin: _____ and end _____

Employee will enter leave in increments no more than one week at a time within Frontline.

Teaching Positions

Support Personnel Positions

Grade(s)

Content Field(s)

Grade(s)

Position

Substitute Information

Name Substitute

Rate of Pay (Verify & Circle)

\$75.00

\$80.00

\$90.00

\$100.00

Long-term substitute Teacher Criteria (*all must be met*):

- Hold valid certification by the PSC in position/field of work to be considered In-Field.
- Serve as the substitute teacher a minimum of 20 consecutive days for the same classroom teacher.

If the Substitute is Eligible for Long term Substitute Teacher pay, please complete the following:

PSC Certificate #

Content Field(s)

Rate of Pay: \$125/day

Substitute Signature

Date

Supervisor Signature

Date

Approved

Denied

CHRO Signature

Date

Notes:
