

Turner County Schools

Employee Leave Request

Leave requests must be submitted and approved 10 days prior to the date of the scheduled event.

Employee Name: _____ Today's Date: _____

Select One: TCES TCMS TCHS BOE

I hereby request _____ day(s) of leave, from _____ through _____ for the following reason:

Type of Leave Requested

- Sick Leave Professional Leave (Also Attach PL Alignment or Redelivery form) for approval
- Personal Leave
- Jury Duty (subpoena attached)
- Other _____

Substitute Needed: YES _____ # of days NO _____

Name of Professional Learning Event: _____

Location of Event: _____

If reimbursement is expected it must be approved by Fund Administrator prior to travel.

Registration Costs: _____ Anticipated mileage: _____ Anticipated Meals and Lodging: _____

See system Travel Expense Form in regards to reimbursement for meals and lodging. Remember tax exemption form for lodging.

Employee Signature

Date

Approved Denied _____

Principal/Supervisor Signature

Date

Approved Denied _____

Program Director/Supervisor Signature

Date

Once approved, submit one copy to the school secretary for the attendance documentation.

After travel is completed, submit one copy with Employee Expense Statement to finance for travel reimbursement.

For Office Use Only:

Staff Development/Professional Leave

- Professional Learning
- Title I
- Fed. Preschool (Special Education)
- Title VIB (Special Education)
- Perkins IV
- VIB Rural/Low Income
- Title II-A
- Title IVB 21st Century
- Pre-K Lottery Funded
- Migrant
- School Nutrition
- Other (List Program) _____

Required Code and Approval by Fund Administrator

100-0-1210- _____

402-0-1750- _____

404-0-2820-1000- _____

404-0-2824 - _____

406-0-3315- _____

408-0-1847 - _____

414-0-1784- _____

462-0-1839- _____

560-0-1540- _____

402-0-1762- _____

600-0-9600 _____

Coded by CFO _____