



Troup County School System

Employee Leave Request & Absence Report Form

Directions: Employees who desire to request leave according to TCBOE Policy GARH must complete this form and secure approval from all necessary administrators prior to being absent from work. This form will also be used to report absences for data entry into the employee database. Upon return to work, initial the form to report absences. If the leave requires extended absence (more than 3-5 with or without pay) due to illness, FMLA forms must be completed. **Please continue to use the Professional Leave Form online to request and document all professional leave.**

Employee Name _____

Location _____

Position _____

Sub Required Yes No

Check	Reason for Leave	Date (s)	Initial After Leave to Report Absence/Date	Comments
<input type="checkbox"/>	Sick/Medical Leave (Reason Code 300) Doctor's appointment, medical procedures, etc.; follow FMLA procedures if required.			
<input type="checkbox"/>	Maternity Leave (Reason Code 300) FMLA procedures are required; submit a minimum of 30 days in advance of delivery date.			
<input type="checkbox"/>	Adoption Leave (Reason Code 300)			
<input type="checkbox"/>	Personal Leave (Reason Code 305) Only 3 personal days are awarded annually; days will be deducted from sick days accumulated.			
<input type="checkbox"/>	Bereavement Leave (Reason Code 311) (Immediate Family as defined in Policy GARH; days will be deducted from your sick days accumulated; if days are available, absence will be LWOP)			
<input type="checkbox"/>	Annual Leave (Reason Code 310) Applicable for only 11 and 12 month			
<input type="checkbox"/>	Jury and Witness Leave (Reason Code 312) Summons or Subpoena required Is case relating to school or work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/>	Military Leave (Reason Code 313) Leave requested for: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent			
<input type="checkbox"/>	Sick Bank (Reason Code 317)			
<input type="checkbox"/>	Spousal Sick Leave Donation Donation form must be completed.			
<input type="checkbox"/>	Authorized LWOP (Reason Code 314)			

Employee's Signature _____

Date _____

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BELOW FOR OFFICE USE ONLY

Principal/Immediate Supervisor	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature	Date
District Administrator (If Required)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature	Date