

LOWNDES COUNTY PUBLIC SCHOOLS

Notification of Absence or Request for Professional Leave

NAME Please be in	POSITION POS	ON LOCATION or request to be absent from work as follow	
ubstitute required:YesNo <u>Vpe</u>		Dates, Time, Activity and Location+	
Sick Leave			
Annual Leave			
Personal Leave			
Jury/Military I (Attach original	Outy orders and/or sub	ppoena.)	
Compensatory	Γime*		
+Professional L	eave		
Competency on (Submit 3 weeks Reimbursement: If yes, check app Travel @ 58. Meals	prior to the date(YesNo blicable items only 5 per mile	Job Related Other s) and attach workshop information.) (Please check one.) y. See LCPS Policy Manual File: DIE. Per Diem Registration (Registration must be completed by TTE, Local, State, IDEA, Head Start, etc.)	the employee)
FUNDING CODE_ may be reached during this absence nd/or an address	YesNo If "yes	(Departmental Head Initials ", write a phone number)
additional Comments:			
Signature of Employee Date		Supervisor's Signature	\Date
This section is to be Completed by Request: Request: Reimbursement: Travel Provision(s)	Granted Granted Carpool	Denied Denied Other	
CO Staff Only.			

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)