### Clinch County Board of Education

# **Leave Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Facility/Department)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , certify that I was absent from school/work on the date or dates below for the reason stated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Date** | **Reason Code** | **Professional Leave (must state meeting or reason)** | **Name of Substitute or Flex Schedule Swap Date** | **Total Days** |
|  |  |  |  |  |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason Code:** (Employee Signature)

1. Personal illness or injury (sick).
2. Death or serious illness in immediate family (sick) (Specify: spouse, son, daughter, father, mother, brother, sister, relative living in the home).

3. Dangerous exposure to a contagious disease in which the health of others would be endangered (sick).

4. Personal leave. Must receive prior approval from the superintendent or principal and MUST be accumulated leave.

1. Professional meeting (no lost days).
2. Annual leave (vacation – 12 month employees only).
3. Contract days (12 month employees only).
4. Flex (only for employees approved for Flex Calendar)
5. Paid Parental Leave (up to 30 days during a 12 month period from the date of the qualifying event)

 APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Principal/Supervisor)

**Note**: This form must be received by your building’s designated leave reporter **ON the 15th of the calendar month** in order for the substitute to receive a check. **Leave forms received after the 16th of the month may be paid the following month. Completion of this form is the EMPLOYEE’s responsibility.**

 Revised 07-1-2024