

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

(Employee Signature)

Reason Code:

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.
5. Professional meeting (no lost days).
6. Annual leave (vacation – 12 month employees only).
7. Contract days (12 month employees only).
8. Flex (only for employees approved for Flex Calendar)
9. Paid Parental Leave (up to 15 days during a 12 month period from the date PPL is first used)
10. Emergency Paid Sick Leave (up to 5 days with appropriate documentation)

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.