LIBERTY COUNTY LEAVE FORM

Program # Used for Substitute: _______________  SEMS Job # _______________  Verified by: _______________  Date: _______________

FOR LEAVE RELATED TO PD: SIP Documentation Attached & Verified by: _______________  Date: _______________

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Employee’s Name (PRINTED): _______________________________  School Number: _______________

Grade Level: _______________  Content / Area: ELA  M  SC  SS  Media  Counselors  CTAE  Other: _______________

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PROFESSIONAL LEAVE REQUEST

Professional leave is taken at the direction of the school site administrator/Board of Education Office for school business. All professional leave must be PRIOR approved by supervisor and Central Office designee BEFORE registration and substitute obtainment. All forms must have a copy of the agenda or schedule for activity attached to them. (If agenda is NOT attached, leave will be charged to PERSONAL LEAVE or LEAVE WITHOUT PAY.) In addition, a copy of this form must be attached to the “Employee Expense Statement” if reimbursement is requested for leave.

** BUDGET CODE PAYING: (MUST mark E for Expenses, R for Registration and S for Substitute) BUDGET CODES ARE LISTED BELOW IN PARENTHESES FOR ENTERING ABSENCE IN SEMS – These are aligned to budgets and must be entered correctly.

<table>
<thead>
<tr>
<th>CIRCLE ONE – REASON FOR LEAVE:</th>
<th>Professional Dev.</th>
<th>Job-Alike Meeting/Work Session</th>
<th>Field Trip/ Accompanying Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>(28) Title IIA (Teacher Quality)</td>
<td>(38) Pre-K Lottery Funds</td>
<td>(46) District Charter</td>
<td></td>
</tr>
<tr>
<td>(30) Title I A</td>
<td>(39) Technology</td>
<td>(50) CTAE (E &amp; R only)</td>
<td></td>
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<tr>
<td>(32) Gifted</td>
<td>(43) General Funds (_______)</td>
<td>(55) School Nutrition</td>
<td></td>
</tr>
<tr>
<td>(33) Title III (Immigrant/LEP)</td>
<td>(44) State Professional Learning</td>
<td>(74) School Admin Allocation</td>
<td></td>
</tr>
<tr>
<td>(35) SpED Title VI-B</td>
<td>(45) School Charter (school:____)</td>
<td>(75) Principal’s Account</td>
<td></td>
</tr>
</tbody>
</table>

OTHER: Acct# __________________  Funding Source: __________________

Title of Conference / Event: __________________

Date(s): __________________  Destination: __________________

Employee’s Signature: __________________  Date: _______________

Administrator’s Approval: __________________  Date: _______________

BOE APPROVED: __________________  Date: _______________

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Complete this section AFTER professional leave or any type of leave that required a substitute.

This is to certify that I was absent from my duties on the following date(s): __________________ for the reason indicated above and that

Month: _______________  Date(s): _______________  Year: _______________

Printed name of approved substitute from the substitute list __________________ is entitled to receive the approved pay for the substitute position as covered by the rules and regulations of the leave plan approved by the Liberty County Board of Education.

Date: _______________  Signature of Employee: __________________

Employee ID Number: _______________

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PERSONAL / VACATION / COMP TIME LEAVE REQUEST

Personal, vacation, and comp time all require prior approval by the employee’s supervisor.

____ Personal Leave on [Date(s)]: _______________  3 MAX. per school year; deducted from available sick leave.

____ Vacation on [Dates(s)]: _______________  Attach appropriate documentation.

____ Other (Jury Duty, etc.) [Date(s)]: _______________  Attach “approved” overtime report form. DO NOT CALL SEMS.

____ Comp Time [Dates(s)]: _______________  Attach “approved” overtime report form. DO NOT CALL SEMS.

Employee’s Signature: __________________  Date: _______________

Approved/ Denied by: __________________  Date: _______________

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Updated July 2018