

# Towns County Schools Leave Request Form

**Participant Directions:** 1) Complete all information below.

Note: This form is NOT for professional learning leave. Travel expenses may not be reimbursed without prior authorization.

Name of Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please check appropriate school:

- TCES    TCMS  
 TCHS    System Personnel

Please check appropriate position:

- Administrator    Teacher  
 Paraprofessional    Office Staff  
 Custodial Staff    Other

Please check appropriate leave type:

- Personal Leave** (Must be submitted at least 7 days prior to date of leave unless there is an emergency. A maximum of 3 sick leave days may be used annually for personal leave.)

Dates requesting leave: \_\_\_\_\_

- General Leave** (For school business that requires the employee to be out of the classroom for part or all of the day and is not related to professional learning. Examples: chaperoning students, sporting events, training related to sports activities, etc.)

Type of Activity: \_\_\_\_\_

Activity Location: \_\_\_\_\_

Requested Leave Date(s): \_\_\_\_\_

If chaperoning students, specify the number of students: \_\_\_\_\_

Registration Fee:    Yes    No

Amount to be Paid: \$ \_\_\_\_\_

*FOR OFFICE USE ONLY:*

Funding Source: Purchase Order Number: \_\_\_\_\_

- Professional Learning    Title I    Title II    Other: \_\_\_\_\_

Substitute Needed:    Yes    No

Days Needed: \_\_\_\_\_

*FOR OFFICE USE ONLY:*

Funding Source:

- Professional Learning    Other: \_\_\_\_\_

Overnight travel expenses?    Yes    No

*Travel and lodging reservations are the responsibility of the participant.  
Use tax exempt forms at hotel check-in. Hotel cost allowance is \$150.00 per night.*

Please include estimated cost of lodging, food, and mileage:

Food   \$ \_\_\_\_\_

Mileage   \$ \_\_\_\_\_

Lodging   \$ \_\_\_\_\_

*FOR OFFICE USE ONLY:*

Funding Source:

- Professional Learning    Title I    Title II    Other: \_\_\_\_\_

### Required Signatures:

\_\_\_\_\_  
Principal/School Administrator Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Central Office Approval (if Central Office funded only OR leave is for Principal)

\_\_\_\_\_  
Date