



Troup County School System

Employee Request for Leave

Directions: Employees who desire to request leave according to TCBOE Policy GARH must complete this form and secure approval from all necessary administrators prior to being absent from work. Note, this form is not required for non-planned/emergency sick leave. If leave requires extended absence (more than 3-5 with or without pay) due to illness, FMLA forms must be completed. Upon return for any absence, an Employee Absence Report must be completed.

Employee Name _____ Location _____

Position _____ Sub Required ☐ Yes ☐ No

Date(s) Requested _____

Type of Leave Requested

<input type="checkbox"/>	Sick/Medical Leave Doctor's appointment, medical procedures, etc.; follow FMLA procedures if required.	<input type="checkbox"/>	Bereavement Leave (Immediate Family as defined in Policy GARH)
<input type="checkbox"/>	Maternity Leave FMLA procedures are required; submit a minimum of 30 days in advance of delivery date.	<input type="checkbox"/>	Annual Leave Applicable for only 11 and 12 month employees
<input type="checkbox"/>	Adoption Leave	<input type="checkbox"/>	Jury and Witness Leave Summons or Subpoena required Is case relating to school or work? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Personal Leave Only 3 personal days are awarded annually; days will be deducted from sick days accumulated.	<input type="checkbox"/>	Military Leave Leave requested for: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent
<input type="checkbox"/>	Professional Leave (Additional forms required) Employee Requested <input type="checkbox"/> Yes <input type="checkbox"/> No School/District <input type="checkbox"/> Requested <input type="checkbox"/> Required Substitute Teacher Required <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Comments:

Employee's Signature _____

Date _____

BELOW FOR OFFICE USE ONLY

Principal/Immediate Supervisor	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature/Date
		Comments
Superintendent/Designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature/Date
		Comments