

HALL COUNTY SCHOOL SYSTEM

Employee Pre-Arranged Absence Form

Name

Employee ID & last 4 digits of SSN

Position

School

Leave Date(s) Requested

TURN IN IMMEDIATELY FOR ENTRY

Type of Leave Requested:

- 02 ____ Personal (**LIMITED TO FOUR DAYS PER CONTRACT YEAR**)
- 03 ____ Accreditation visit (**LIMITED TO ONE VISIT PER YEAR**)
- 05 ____ School Professional Learning (**COMPLETE ADDENDUM ON BACK**) School Approved Leave
- 06 ____ Jury Duty (**ATTACH SUMMONS**)
- 07 ____ Vacation
- 15 ____ Military Duty
- 16 ____ **System Professional Learning (Complete addendum on back. Must be pre-approved by an administrator at Central Office.) Administrator's Name: _____**
- 17 ____ Assigned Duty away from classroom: _____
- 19 ____ School Witness (**MUST BE DIRECTLY RELATED TO JOB DUTIES, ATTACH SUBPOENA**)

Correction: The following pre-arranged absence(s) was/were approved but was/were not used

_____		<u>Date(s)</u>
_____	02 Personal	_____
_____	03 Accreditation visit	_____
_____	05 School Professional Learning	_____
_____	06 Jury Duty	_____
_____	07 Vacation	_____
_____	15 Military Duty	_____
_____	16 System Professional Learning	_____
_____	17 Assigned Duty Away form classroom	_____
_____	19 School Witness	_____

Approval of this form requires the signature of an employee's direct supervisor as indicated below:

<u>Position</u>		<u>Supervisor</u>
Teacher	→	Principal
* Principal	→	Superintendent/Designee
* Central Staff	→	Immediate Supervisor

Employee's Signature

Date

Supervisor's Approval

Date

*Central Office Approval Where Required

Date