

CARTERSVILLE CITY SCHOOLS

EMPLOYEE LEAVE REQUEST

Employees should complete this form for ALL requested leave except Sick Leave for less than 4 consecutive work days. The leave request should be entered into Absent Management BEFORE submitting this form to your supervisor, leave clerk, or designated staff member. Include the Confirmation # assigned by Absent Management in the space provided. Attach any supporting documentation.

Employee Name _____ Employee # _____

Date of Absence: _____ Reason Code: _____ Confirmation #: _____

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- REASON CODES
300 - Vacation
310 - Sick leave more than 3 days
310 - 320 Personal
310 - 321 Maternity leave
310 - 312 Work Comp using SL
310 - 378 Bereavement
310 - 380 Religious
340 - Professional
342 - Professional Learning
399 - Leave Without Pay
360 - Comp Time
370 - Field Trip
372 - Jury Duty
374 - Subpoena
376 - Military
330 - Float
389 - Approved Work-at-Home
390 - COVID-19 [Reasons 1,2,3]
391 - COVID-19 [Reasons 4,5,6]
392 - E-FMLA COVID-19 [reason 5]

PROFESSIONAL LEARNING: If substitute is required, identify funding source:
Title I Title II-A Title III SPED Local Funding
Consolidated Funding Other

Employee Signature _____ Date _____
Supervisor Approval _____ Date _____
System Approval (if required) _____

1 No more than 3 school days/year; not to be taken before/after a holiday or during designated critical days without express prior approval

2 Use when representing the school/system; presenting at a meeting/conference; athletic/competition event

3 Provide explanation and identify funding source _____

4 Prior approval required

5 Job-related only

6 Leave deducted from available sick leave balance

7 Must be accompanied by a Family Medical Leave request form

**Professional Learning may require system-level approval of funding source

*Attach appropriate documentation (e.g., conference/workshop agenda, flier, etc.)

