<div align="center">

CARTERSVILLE CITY SCHOOLS

EMPLOYEE LEAVE REQUEST

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

Employee Name: _____ Employee #: _____

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

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

<table>
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REASON CODE

300 – Vacation
310 – Sick leave more than 3 days [6, 7]
310 – 320 Personal [1, 6]
310 – 321 Maternity leave [6]
310 – 312 Work Comp using SL[6]
310 – 378 Bereavement [6]
310 – 380 Religious[6]
340 – Professional [2]
342 – Professional Learning [3]
399 – Leave Without Pay
360 – Comp Time [4]
370 – Field Trip [4, 5]
372 – Jury Duty
374 – Subpoena [5]
376 – Military [7]
330 – Float

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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**)_____

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</table>

[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.)