

BARTOW COUNTY SCHOOL SYSTEM

REPORT OF ABSENCE FORM

Employee's Name

Work Site

Employee's Number

Date

Length of Absence
(1/4; 1/2; 3/4, 1)

- ☐ **Illness**
- ☐ **Personal**
- ☐ **Vacation**
- ☐ **Jury Duty** (attach copy of summons)
- ☐ **Subpoena** (school related)
- ☐ **Professional Leave** (must complete PL details to the right)
- ☐ **Family Medical Leave**
- ☐ **Bereavement**
Please Specify: _____
- ☐ **Flex Day (for 236-day employees only)**

Professional Learning

Detailed Explanation including name of activity location and time:

Portion Below to be completed by School Office Staff

- ☐ **Title I** (send form to School Improvement)
- ☐ Central Office funded
- ☐ Local school funded (_____ school)
- ☐ **Title II A** (send form to School Improvement)
- ☐ Central Office funded
- ☐ **State Professional Learning** (send form to school improvement)
- ☐ **Title III** (send form to School Improvement)
- ☐ **Title IV** (send form to School Improvement)
- ☐ **Title VIB** (send form to Special Education)
- ☐ **Perkins Grant** (send form to Curriculum)
- ☐ Central Office funded
- ☐ Local school funded (_____ school)
- ☐ **L4 Grant** (send form to Curriculum)

Employee's Signature

Date

PRIOR APPROVAL:

_____ Granted

_____ Denied

*Prior approval is
REQUIRED FOR all leave
except for Illness, Jury Duty

Signature of Authorizing Administrator

Date

Department Director or Funding Administrator

Superintendent, if required