



# WARREN COUNTY HIGH/ MIDDLE SCHOOL

1253 Atlanta Highway, NE  
Warrenton, GA 30828

www.warren.k12.ga.us

(706) 465-3742 (P)  
(706) 465-0901 (F)

Ja'net Bishop, Ed.D  
Principal

Truett Abbott  
Principal

## Leave Request Form

\*\*\*\*\*

**GENTLE REMINDER: NO SUB or REIMBURSEMENT(S)  
WILL BE OBTAINED/FUNDED  
UNTIL LEAVE REQUEST FORM IS COMPLETED, APPROVED, AND TURNED IN  
\*\*\*\*\***

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

<If partial, please specify period(s)/times>

Leave Date(s): \_\_\_\_\_ Full or Partial: \_\_\_\_\_

Substitute Needed: (please circle) YES NO Which period(s): 1<sup>ST</sup> - 2<sup>ND</sup> - 3<sup>RD</sup> - 4<sup>TH</sup> - Other \_\_\_\_\_

Your School: (please circle) HS MS

Type and Description: (Circle One)

- |              |                             |             |                                      |
|--------------|-----------------------------|-------------|--------------------------------------|
| <b>COURT</b> | <b>Jury Duty/Subpoena**</b> | <b>SLST</b> | <b>Sick Leave</b>                    |
| <b>MIL</b>   | <b>Military Leave</b>       | <b>VAC</b>  | <b>Vacation</b>                      |
| <b>PER</b>   | <b>Personal Leave</b>       | <b>WRC1</b> | <b>Workers Comp using sick leave</b> |
| <b>PROF</b>  | <b>Professional Leave*</b>  | <b>WRC2</b> | <b>Workers Comp w/o Pay</b>          |
| <b>RELG</b>  | <b>Religious Holiday**</b>  | <b>BERE</b> | <b>Bereavement</b>                   |
| <b>FT</b>    | <b>Field trip**</b>         |             |                                      |

\* Prior approval from Central Office is needed

\*\* Documentation is need

Persons employed in the capacity of teacher, student services support personnel, administrative and supervisory personnel, clerical personnel, paraprofessional, instructional aide and bus driver shall be entitled to sick leave with full pay computed on the basis of one and one-fourth working days for each completed, full-time contract school month. Other classified, non-certified personnel shall earn sick leave at the rate of 1 day per month of full-time employment.

A maximum of three (3) days of sick leave may be taken annually for personal reasons, but such leave may not be taken on a professional learning day or a day immediately preceding or following a scheduled school holiday (a day when the employee is not scheduled to work.) If personal leave is not used, then the personal leave converts to sick leave days.

Please see complete Board Policy (GBRI) on the back of this form.

Please note the following hourly deductions for personal or sick leave:

2 hours = ¼ day      4 hours = ½ day      6 hours = ¾ day      8 hours = 1 day

REMINDER: If using *Professional Leave*, MUST attach signed copy of approved WC System PL contract \_\_\_\_\_

Faculty/Staff Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Principal's Secretary or designee: \_\_\_\_\_ Date recorded: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **Approved/Disapproved: (please circle) YES ----NO**

“Catch the W.A.V.E. (*Warren Always Values Education*)”  
with H.O.P.E. (*Helping Others Perform Excellence*)  
and P.R.I.D.E. (*Positive Reinforced Instruction Develops Excellence*)!