

REQUEST FOR APPROVAL OF TEACHER ABSENCE
DUE TO REQUIRED FUNCTION

CODE: GBRHB-E
DATE: 08/06/02
CODE: GBRHB-E
DATE: 10-22-90

To:

| |
|-------------|
| BOOKKEEPING |
|-------------|

NAME OF SCHOOL: _____

NAME OF TEACHER: _____

DATE: _____ NUMBER OF DAY REQUESTED: _____

Month: _____ Day(s) _____ Year: _____

REASON: _____

**THE ABOVE DAYS WILL NOT BE DEDUCTED
FROM SAID TEACHER'S LEAVE DAYS**

THE SUBSTITUTE TEACHER WILL BE PAID BY:

- THE CATOOSA COUNTY BOARD OF EDUCATION
- STATE STAFF DEVELOPMENT FUNDS (IF AVAILABLE)
- SCHOOL FUNDS
- OTHER _____

- APPROVED
- DISAPPROVED

PRINCIPAL'S SIGNATURE _____ DATE: _____
(Superintendent's Designee)

**MAKE A COPY FOR YOUR SCHOOL SECRETARY, YOUR FILE AND
SEND THE ORIGINAL TO BOOKKEEPING.**

**(An approved copy will NOT be returned to you as your principal's approval
is all that is required.)**