



GWINNETT COUNTY PUBLIC SCHOOLS LEAVE/SUBSTITUTE/FLSA PROCESSING

Employee Name _____ Emp. ID _____

Location _____ Date: _____

LEAVE

Date Leave Taken: _____ Total Hours _____ Minutes _____

Time Leave Taken: From _____ to _____ (i.e. 7:00 a.m. to 12:00 p.m.)

Type of Leave: (Circle appropriate type)

A Sick

Circle One – Personal Illness, Spouse Illness, Child Illness, Parent Illness, Bereavement,
Extended Family Illness, Exposure to Contagious Disease, Pandemic

B Personal

C In-Service

D Vacation

E Legal (copy of summons required or subpoena required)

Other _____

SUBSTITUTES

1. Substitute Name _____ Empl. ID _____

Charge Code _____ Full Day _____ 1/2 Day _____

Time In _____ Time Out _____ SNP Hours Worked _____

2. Substitute Name _____ Empl. ID _____

Charge Code _____ Full Day _____ 1/2 Day _____

Time In _____ Time Out _____ SNP Hours Worked _____

FLSA

Extra Time Worked: Hours _____ Minutes _____ Position Code _____

Comp Time: _____ Check: _____

Comments: _____

EMPLOYEE SIGNATURE

DATE

PRINCIPAL/SUPERVISOR SIGNATURE

DATE

