

**SUBSTITUTE TEACHER
REQUEST FOR
PRE-ARRANGED LEAVE OF ABSENCE
FROM SEMS**

Date: _____

If you are requesting a Pre-arranged Leave of Absence, please complete the form below and return to:

School Board of Polk County
SEMS Help Desk
P.O. Box 391
Bartow, FL 33831

Substitute Name: _____

Address: _____

Email Address: _____

Social Security /SAP Number _____ SAP# _____

Requested Leave from _____, to _____
Date Date

Reason (Please check)

- () Personal Health Reasons
- () Maternity
- () Family Caregiver
- () Internship
- () Snowbird
- () Other : _____

Approved: _____
Date Lois Schuck

Denied: _____
Date Lois Schuck

- *The School Board of Polk County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, homelessness, or disability or other basis prohibited by law in any of its programs, services, activities or employment.*
- *To file concerns, you may contact the Office of Equity & Compliance in the Human Resource Services Division at (863) 534-0513.*
- *If you require any type of accommodation to complete the application process due to a disability, please call the Human Resource Services Division at (863) 534-0781.*
- *If you are deaf or hard of hearing, please contact the Polk County School District by calling Florida Relay Service at 1-800-955-8771.*