

**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