Request for Leave

Name_____   Date_____

Date(s) requested for leave_____

Type of Leave (Check one)

☐   Personal Leave

☐   Sick Leave

☐   Professional Leave

☐   Bereavement Leave

☐   Court Leave

☐   Leave Without Pay

☐   Vacation (classified personnel only)

Office Use:

Principal _____

☐   Approved

☐   Denied

Substitute _____

Superintendent _____

☐   Approved

☐   Denied

Reason for Professional Leave

_____

_____

Travel Expense Voucher (receipts must be turned in)

Day of Departure   _____   Total Mileage_____ X $.445 = _____

Day of Return   _____   Breakfast   _____ X $5.00 = _____

Lunch   _____ X $6.00 = _____

Dinner   _____ X $12.00 = _____

Lodging   _____ X $45.00 = _____

Total $_____

_____   _____
 Signature   Approval for Reimbursement