

Request for Leave Classified / Certified / SPED

Name: **Employee ID:** **Building:** **Position:**

Date(s) of leave requested:

to

Total days OR hours absent

Time of leave requested:

 a.m.
p.m.

to

 a.m.
p.m.

to

 a.m.
p.m. a.m.
p.m.

Type of leave requested:

Sick/Self Personal

Sick/Family Professional Development*

Sick/Funeral Vacation

Other _____ Student Activity _____

Will a substitute be needed?

YES NO

OFFICE USE ONLY

***Please complete the information below if you are requesting leave for professional development purposes:**

A purchase order must be submitted for registration and lodging. Mileage and meals must be submitted on a Reimbursement Claim Form.

Conference Title:

Conference Date(s):

Conference Location:

Are you a presenter at this conference?

Please list the Individual or Building Goal(s) from your IDP related to this request:

Please describe your plans to share conference information with colleagues.

Please describe how your conference participation will impact students.

COPY

Employee signature date

COPY

Principal date

COPY

Supervisor date

COPY

Superintendent / SPED Director / Director C&I date

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