

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.

Employee signature _____ date _____

Principal _____ date _____

Supervisor _____ date _____

Superintendent / SPED Director / Director C&I _____ date _____