

East Dubuque Unit School District #119

Leave Request Form

Name _____ Today's Date _____

1. Write the date(s) you are requesting:

2. Check the type of leave you are requesting:

- Athletics
- Bereavement
- Family Medical

Board approval is required.

Check one: Paid Unpaid

Field Trip

If approved, complete this checklist:

- Field Trip/Activity Permission Forms
- Transportation Request Form
- Participant list to faculty and office
- Inform the cafeteria if > 15 students

Jury Duty

For jury duty, see the bookkeeping office.

- Personal
- Professional (e.g., required meetings)
- Professional Development

Discuss with your supervisor; if verbally approved, complete the right side of this form.

- Sick
- Unpaid
- Vacation

3. Check the time of leave.

- All Day
- AM only
- PM only
- Circle Periods: 1 2 3 4 5 6 7 8

4. Sign at the right and submit.

Complete for Professional Development leave only:

- a. Attach to this form:
1. A conference/workshop flier, registration form(s), etc.
 2. A requisition for the registration fee

b. Name of Conference/Workshop: _____

c. Estimated expenditures:

Registration:	\$
Meals: Maximum allowed per day: B: \$10.00/L: \$15.00/D: \$25.00	\$
Lodging: Meet with the bookkeeping office to make arrangements.	\$
Transportation: Federal per-mile reimbursement rate <u>only</u> if a district vehicle is unavailable.	\$
Other:	\$
TOTAL	\$

Expense Account Number _____

- d. Following the conference/workshop, submit:
1. Necessary requisitions with attached receipts
 2. A Conference/Workshop Evaluation Form

Employee's Signature _____

Principal's Signature _____

Superintendent's Signature _____

Name of Sub _____

Comments _____