

ADMINISTRATIVE LEAVE APPLICATION

Signature _____ Date Submitted _____

The types of leave listed below may or may not be available to you in terms of your position and the length of your contract. If you have questions about leave availability, please contact the Director of Business Services. See the reverse side for further information about accessing leave.

LEAVE REQUEST: Please check and/or fill in everything applicable to your request.

Leave is requested:	With Pay	Without Pay
Vacation Leave		
Personal Leave		
School Business		
Professional Leave		
Other Leave (i.e.: military, bereavement, jury)		
Number of Days: _____	Dates Leave Requested: _____	
Purpose for Leave: _____		

EXPENSES: If your leave requires expense costs to the district, please complete (estimate for expenses):

Name of Conference or Activity: _____

Sponsoring Organization: _____ Location: _____

Registration Costs:	_____
Lodging:	_____
Transportation:	_____
Meals:	_____
Total Expenses:	_____

ADMINISTRATIVE ACTION

Approved Denied

Superintendent Signature: _____ Date: _____

Comments: _____

