

JESUP COMMUNITY SCHOOL DISTRICT

LEAVE REQUEST



NAME: _____

POSITION: _____

NUMBER OF DAYS: _____ a.m. DATE(S): _____
 p.m.

TYPE OF LEAVE REQUESTED

- | | |
|--|--|
| <input type="checkbox"/> Sick Leave - Self
<small>(Dr.'s excuse required for absence in excess of 3 days)</small> | <input type="checkbox"/> Field Trip |
| <input type="checkbox"/> Family Illness
Relationship _____ | <input type="checkbox"/> Extended Leave |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Professional (See below) | <input type="checkbox"/> Unpaid Leave <small>(Granted by Superintendent)</small> |
| <input type="checkbox"/> Bereavement
Relationship _____ | SUBSTITUTE: _____ |

PROFESSIONAL LEAVE INFORMATION

Purpose:	
Title of meeting, workshop, or convention:	
Location:	
Sponsored By:	
Transportation: School Vehicle Private Car \$ _____ Public Transportation \$ _____	<u>Estimated Expenses</u> Other: Registration Fee \$ _____ Lodging \$ _____ Meals \$ _____ ESTIMATED TOTAL COST \$ _____

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

Signature of Superintendent (required for unpaid leave) _____ Date _____

Business Office
 Building Office
 Employee