

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.

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

 Supervisor date

 Principal date

 Superintendent / SPED Director / Director C&I date