SCHOOL BUSINESS LEAVE

REQUEST FORM

DATE: ______________________

TO: Superintendent

ADMINISTRATOR'S REQUEST FOR (PERSON): ______________________

BUILDING SITE: ______________________

REASON FOR REQUESTING LEAVE: ______________________

DATE OF LEAVE: ______________________

NUMBER OF DAYS AND/OR HOURS: ______________________

MEETING LOCATION: ______________________

EXPENSE REQUEST: ______________________

Principal

APPROVAL FORM

SITE PRINCIPAL: ______________________

APPROVAL: ______________________ DISAPPROVAL: ______________________

PUBLIC SCHOOLS WILL PROVIDE FOR THE FOLLOWING EXPENSES:

1. ______________________ PURCHASE ORDER NUMBER __________
2. ______________________ PURCHASE ORDER NUMBER __________
3. ______________________ PURCHASE ORDER NUMBER __________

Please advise staff member that before reimbursement can be made, receipts must be signed and have P.O. Number on them.

NOTE: Return original approval form with the signed employee absence report after the leave is taken. Should circumstances arise that the staff member is not able to attend the scheduled workshop on date(s) approved, please notify the superintendent or designee at the board of education office so that the P.O. Numbers assigned can be canceled.

Superintendent