|  |  |
| --- | --- |
| **Name:**  | **Building:**  |
| **Date Submitted:**  | **Date(s) Absent:**  |

**Indicate type of leave requested and complete appropriate area(s):**

**[ ]** Sick **[ ]** Personal Business **[ ]**  Vacation **[ ]** Paid-Leave (Ancillary Staff) **[ ]**  Jury Duty

**[ ]**  Association (LETTA/LISEA/LIESP) **[ ]**  Field Trip **[ ]**  District Business/Conference **[ ]**  Without Pay

**[ ]**  Workers Compensation **[ ]** Other (Reason:      )

**[ ]**  Bereavement (Relationship of Deceased:      )

**SICK**

Check one: **[ ]**  Personal **[ ]**  Family **[ ]**  FMLA (Only check if FMLA paperwork is on file)

Check one: **[ ]**  Illness/Injury **[ ]**  Dr. Appointment **[ ]**  Dental/Vision Appointment **[ ]**  Medical Test/Procedure

 **[ ]**  Hospitalization

Have sick bank days been requested? **[ ]**  Yes **[ ]**  No

**PERSONAL BUSINESS**

Check one: **[ ]**  Legal **[ ]**  Medical **[ ]**  Education **[ ]**  Emergency **[ ]**  Other (Purpose:      )

By checking one of the options above, I certify that the leave requested is for business that cannot be conducted during non-working hours and is not for recreational or vacation purposes or for concerted activities as defined by PERA.

**WITHOUT PAY**

If requesting a leave without pay, a reason MUST be provided:      .

**CONFERENCE**

|  |  |
| --- | --- |
| Name of Conference:  | Location of Conference:  |
| (NOTE: A *60-day notice* is required for out-of-state conferences and a *15-day notice* is required for in-state conferences) |
| Name of Hotel (if applicable):       |
| Registration: $ | Lodging: $(# of nights X cost/night) | **[ ]**  Substitute Costs: $(# of days X $110) |
| Travel: $ ▪ Mileage (# of miles X current IRS Rate)▪ Airfare ▪ Shuttle▪ Car Rental ▪ Taxi▪ Bus Charter | Meals: $▪Per Diem Amounts (Breakfast: $8, Lunch: $12 , Dinner: $25) ▪ Maximum Tip: 15% | Other (Specify:      ): $▪ Parking* Baggage Fees
 |
| Extra Compensation: $     (Include FICA and Retirement) |
| **Total Estimated Expenses:** $(NOTE: Attach a copy of the conference brochure/program/announcement)**Approval (initial):** Director of Finance\_\_\_\_\_\_ Superintendent\_\_\_\_\_\_ |
| **Total Actual Expenses (Estimated – Actual = Difference): $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **For Business Office Use Only****Approval (initial):** Director of Finance\_\_\_\_\_\_ Superintendent\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| I certify that the above information is correct.   | Request is [ ]  approved contingent upon availability of leave time (if applicable) [ ]  denied. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_Employee’s Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_Administrator’s Signature |

Signed Original – Business Office Copy – Department Head Employee – Electronic Revised 4/18/17 AS