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| --- | --- |
| **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