

SOUTH NEWTON SCHOOL CORPORATION
REQUEST FOR LEAVE
(Please submit to the Building Principal)

A. Date(s) of Requested Leave: _____

B. Type of Leave Requested (Check Appropriate Line):

_____ Personal Business _____ Professional (See Item E) _____ Court (Subpoenaed)
_____ Unpaid _____ Pregnancy _____ Medical
_____ Death In Family (Relationship to Deceased) _____ Pallbearer: Yes _____ No _____
_____ Vacation

PLEASE NOTE: Illness, personal or family, is to be verified at the building level through the principal.

C. Statement of reason for requested leave (attach additional pages if necessary):

D. Please define arrangements necessary during your requested absence (special substitutes or other arrangements, location of seating charts and lesson plans, etc.):

E. Information regarding request for professional leave (please attach descriptive information/brochures, etc):

I am requesting Professional Leave to attend (name of conference) _____

At (location) _____

I estimate the following expenses during my participation in this conference:

- (1) Conference Meals \$ _____
- (2) Registration Fee \$ _____
- (3) Mileage \$ _____
- (4) Lodging \$ _____
- (5) Approximate Total \$ _____
- (6) Amount of Professional Leave Funds Left \$ _____
- (7) Grant Name if available _____

I understand that reimbursement for approved claims will be made only after I submit proper documentation.

F. It is understood that I will be responsible for leaving lesson plans and/or directions for the substitute during this absence.

Employee Signature

Date

G. Principals Comments: _____

Principal's Signature

Date

H. Superintendent's Comments: _____

_____ Approved Superintendent's Signature _____

_____ Not Approved Date: _____

I. School Board Action (if required): Date: _____ Comments: _____
