

EMPLOYEE LEAVE REQUEST FORM

Name _____

Today's Date _____

Date(s) of Leave _____

Time of Leave: _____ All Day or

_____ Partial Day : Time leaving _____ Time returning _____ Hours gone _____

LEAVE WITH PAY

PERSONAL:

_____ Personal Illness
_____ Includes Children
_____ Emergency (see contract)
_____ Personal (see contract) _____
_____ Doctor/Dentist Appt.
_____ Bereavement (see contract)
_____ Vacation (see contract)

_____ Maternity (see contract)
_____ Military (see contract)
_____ Discretionary (see contract)
_____ Jury Duty (see contract)
_____ Other _____

PROFESSIONAL:

_____ Workshop/Conference
_____ Curriculum Business
_____ Inservice Training
_____ Association (Bill Assoc.)
_____ Professional Organization
_____ District Business or Rgl Mtg
_____ Student Activity Supervision

Reason for Request of Leave: _____

Title of Workshop/Conference/Training: _____

**A copy of the agenda is to be turned in to the business office if the employee is requesting the district pay a registration fee or if there will be a pending request for reimbursement.*

LEAVE WITHOUT PAY

_____ Personal Business

Reason for Request of Leave: _____

WHAT ELSE ARE YOU REQUESTING?

Check all that apply: Mileage _____ Use of District Vehicle _____ Substitute _____ Food _____
Registration _____ Lodging _____ Additional Pay _____
Other _____

**See back of this sheet for the district's travel/meal policy.*

Employee Signature _____

Superintendent/Principal

_____ Request Granted _____ Request Denied

Partial Approval as Indicated: _____

Substitute Approved _____ Staff Coverage During Plan Time _____ No Substitute Needed _____

Name of Substitute _____

Account Code _____
(Account code only needed if marked leave is in professional column.)

Copies given to: Employee _____ Transportation _____

Travel/Meal Policy

Employees will be reimbursed for the actual cost of meals on business trips as requested for on the *Request for Leave of Absence Form*. Please note that meals for business trips that do not require overnight stay are reimbursed through payroll guidelines.

Current allowance for meal reimbursement:

- Breakfast - \$ 8.00 (allowed on overnight stays and departures of 6:00 a.m. or earlier)
- Lunch - \$ 9.00
- Dinner - \$15.00 (allowed when school commitment keeps you until 6:00 p.m. or later)

Costs in excess of the above amounts require the superintendent's approval.

Reimbursement for meal expenses to employees are considered taxable fringe benefits, and are included in the employee's payroll, when a trip is not overnight unless either:

- 1) it is a working breakfast/lunch/dinner
- 2) the meal is included with the conference/workshop.

For these approved meals employees must complete a ***Taxable Meal Claim Form***.

Original ***itemized*** receipts for all expenditures must be attached to the reimbursement form. The ***Request for Reimbursement Form*** must be submitted within 30 days of the actual trip to be reimbursed.
