

# Gallipolis City Schools

## REQUEST FOR LEAVE

NAME: \_\_\_\_\_

- GAHS                       GAMS            GREEN            RIO GRANDE            WASHINGTON  
 CENTRAL OFFICE       GUIDING HAND       MAINTENANCE       TRANSPORTATION       OTHER

TYPE OF LEAVE	I AM REQUESTING THE FOLLOWING	
<input type="checkbox"/> <b>PERSONAL LEAVE</b> Must be filed with the appropriate administrator at least 3 days before the leave, if possible. <b>May not be used the day before or the day after a weekday the employee is not scheduled to work.</b>	½   1   1½   2   2½   3   3½   4 _____ am / pm Date(s) _____ am / pm Date(s)	_____ # of Days Previously Requested
<input type="checkbox"/> <b>VACATION</b> Must be filed with the appropriate administrator at least 30 days before the leave, if possible	# OF DAYS: _____ _____ to _____ Date                                  Date	
<input type="checkbox"/> <b>LEAVE WITHOUT PAY</b>	# OF DAYS: _____ _____ Date(s)	_____ # of Days Previously Requested
<input type="checkbox"/> <b>ASSOCIATION LEAVE</b> (Attach documentation)	# OF DAYS: _____ _____ Date(s)	_____ # of Days Previously Requested <input type="checkbox"/> Sub Needed
<input type="checkbox"/> <b>INSERVICE LEAVE</b> Meeting: _____ Location: _____ (Attach documentation/PO)	# OF DAYS: _____ _____ Date(s)	_____ # of Days Previously Requested <input type="checkbox"/> Sub Needed <input type="checkbox"/> Expenses will be submitted
<input type="checkbox"/> <b>PROFESSIONAL LEAVE</b> Meeting: _____ Location: _____ (Attach documentation/PO)	# OF DAYS: _____ _____ Date(s)	_____ # of Days Previously Requested <input type="checkbox"/> Sub Needed <input type="checkbox"/> Expenses will be submitted
<input type="checkbox"/> <b>SICK LEAVE</b> (If known in advance)	# OF DAYS: _____ _____ Date(s)	
<input type="checkbox"/> <b>JURY DUTY/COURT</b>	# OF DAYS: _____ _____ Date(s)	
<input type="checkbox"/> <b>COMP TIME</b> (Must be approved by Supervisor)	# OF HOURS: _____ _____ Date(s)	

➤ **UPON RETURN TO SCHOOL COMPLETE AN EXPENSE REPORT FORM AND ATTACH RECEIPTS** ◀

ESTIMATED EXPENSES AS PER NEGOTIATED CONTRACT:

MILEAGE: \_\_\_\_\_ MILES @ IRS RATE = 67¢ PER MILE ----- = \_\_\_\_\_  
 LODGING: \_\_\_\_\_ NIGHTS @ \$\_\_\_\_\_ PER NIGHT ----- = \_\_\_\_\_  
 MEALS: ----- = \_\_\_\_\_  
 REGISTRATION: ----- = \_\_\_\_\_  
 OTHER: (Specify) \_\_\_\_\_ = \_\_\_\_\_  
 REQUISITION # \_\_\_\_\_ TOTAL = \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GRANTED       DENIED      \_\_\_\_\_  
SIGNATURE OF PRINCIPAL/SUPERVISOR      \_\_\_\_\_  
DATE

GRANTED       DENIED      \_\_\_\_\_  
SIGNATURE OF SUPERINTENDENT      \_\_\_\_\_  
DATE