

# Leave Request Form

## Clarksdale Municipal School District

Submission Date: \_\_\_\_\_ Employee #: \_\_\_\_\_ Home School: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Number of Days/Hours Requested: \_\_\_\_\_ Specific Dates: \_\_\_\_\_

☐ Sick Leave: \_\_\_\_\_  
Explanation: Illness in immediate family, maternity leave, personal illness, doctor's appointment, death in immediate family

☐ Personal Leave ☐ Vacation ☐ Unexcused

☐ Professional: \_\_\_\_\_  
Purpose of trip and destination

I will submit a travel expense form for reimbursement: ☐ Yes ☐ No

I will submit a travel expense form for reimbursement: ☐ Yes ☐ No

This is to certify that I have submitted the above request:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This section MUST be completed on ALL school business requests.

School Business (Source of Funding): \_\_\_\_\_

To be completed by Principal/Supervisor

☐ Substitute Required ☐ No Cost to District

To be completed and submitted with payroll

Substitute used: \_\_\_\_\_

Note: Requests for School Business, Personal Leave (other than emergencies,) and vacation must be submitted PRIOR TO the absence to be APPROVED by ALL of the following:

☐ Approved ☐ Not Approved \_\_\_\_\_  
Principal Date

☐ Approved ☐ Not Approved \_\_\_\_\_  
Coordinator/Supervisor Date

☐ Approved ☐ Not Approved \_\_\_\_\_  
Superintendent or Designee Date