

ADMINISTRATIVE LEAVE/CONFERENCE REQUEST

COLUMBIA HEIGHTS PUBLIC SCHOOLS

NAME: _____ DATE: _____ SCHOOL/DEPT.: _____

TYPE OF LEAVE:

Personal: _____

Discretionary: _____

Sick Leave: _____

Professional: _____

Vacation: _____

Other: _____

(explain) _____

Leave from (date) _____ to (date) _____

for a total of absence of _____ work days.

Conference Attendance: All attendance at conferences must have pre-approval from the supervisor.

Activity: _____

Location: _____

Purpose: _____

Costs: (Indicate if estimates)

• Registration: \$ _____

• Meals: \$ _____

• Lodging: \$ _____

• Transportation: \$ _____

TOTAL-----\$ _____

FUNDING SOURCE:

Building Funds

Adm. Budget _____

Staff Development _____

District Funds

Adm. Budget _____

Staff Development _____

ADDITIONAL COMMENTS:

ADMINISTRATIVE REVIEW:

Approved

Denied

Supervisor

date