



SOUTH BEND COMMUNITY SCHOOL CORPORATION

LEAVE REQUEST FORM

Employee Name (print) \_\_\_\_\_ Employee Number \_\_\_\_\_

Work Location \_\_\_\_\_ Position \_\_\_\_\_

Type of Leave Requested:  Vacation  Personal Business  Professional
 Emergency  Religious Leave

Date(s) of Leave \_\_\_\_\_

Purpose (professional leave only): \_\_\_\_\_

Location \_\_\_\_\_

Substitute Required?  Yes  No Date(s): \_\_\_\_\_  am  pm

If a leave is approved requiring a substitute, teachers are responsible for calling Human Resources.

Signature \_\_\_\_\_ Date Request Filed \_\_\_\_\_

For professional leave requests, attach a copy of the conference description, registration information and complete the box below. Final arrangements should not be made until this leave has been approved.

Are you requesting reimbursement for expenses?  Yes  No Total \$ \_\_\_\_\_
 Registration \$ \_\_\_\_\_  Airfare \$ \_\_\_\_\_  Mileage \$ \_\_\_\_\_
 Lodging \$ \_\_\_\_\_  Meals \$ \_\_\_\_\_  Misc. \$ \_\_\_\_\_
Budget to be charged: \_\_\_\_\_
Substitute budget: \_\_\_\_\_

Approved

Yes  No \_\_\_\_\_ (principal or supervisor) \_\_\_\_\_ (date)

Yes  No \_\_\_\_\_ (director) \_\_\_\_\_ (date)

Yes  No \_\_\_\_\_ (superintendent or deputy supt.) \_\_\_\_\_ (date)