

SOUTH BEND COMMUNITY SCHOOL CORPORATION

LEAVE REQUEST FORM

Employee Name (p	Name (print)Employee Number		umber
Work Location	Position		
Type of Leave Req	uested: Vacation P Emergenc	ersonal Business y Religious Le	
Date(s) of Leave			
Purpose (profession	nal leave only):		
	Loca	ntion	
Substitute Require If a leave is approve	d? Yes No Date(s):_ d requiring a substitute, teacher	rs are responsible for call	□ am □ pm ing Human Resources.
Signature	Date Request Filed		
are you request □ Registration \$ □ Lodging \$ □ Budget to be cha		nses? Yes No	Total \$ Mileage \$ Misc. \$
Approved			
□ Yes □ No	(principal or supervisor)		(date)
□ Yes □ No	(director)		(date)
□ Yes □ No	(superintendent or deputy	y supt.)	(date)
110002, rev. 01/11	white copy: payroll canary	y copy: employee p	ink copy: supervisor