



# SOUTH BEND COMMUNITY SCHOOL CORPORATION

## LEAVE REQUEST FORM

Employee Name (print): \_\_\_\_\_ Employee #: \_\_\_\_\_

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

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

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

----- For Professional Leave Requests Only -----

Purpose: \_\_\_\_\_

Destination/Location: \_\_\_\_\_

Substitute Required? ☐ Yes ☐ No If yes, date(s): \_\_\_\_\_ ☐ mornings ☐ afternoons ☐ full days  
*If leave is approved but requires a substitute, the teacher is responsible for contacting Human Resources.*

Will you be requesting reimbursement for expenses? ☐ Yes ☐ No Estimated Total \$ \_\_\_\_\_  
*In order to request reimbursement, you will need to have detailed receipts for every item/meal purchased.*

Registration Fee: \$ \_\_\_\_\_ Airfare: \$ \_\_\_\_\_ Mileage: \$ \_\_\_\_\_

Hotel: \$ \_\_\_\_\_ Meals: \$ \_\_\_\_\_ Misc.: \$ \_\_\_\_\_

Budget Line to be Charged: \_\_\_\_\_

Substitute Budget Line: \_\_\_\_\_

Attach a copy of the conference description and registration information. Final arrangements shall not be made until this request is signed and approved.

### Signatures

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Yes ☐ No Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Yes ☐ No Director: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Yes ☐ No Superintendent/Deputy: \_\_\_\_\_ Date: \_\_\_\_\_