Gallipolis City Schools

REQUEST FOR LEAVE

NAME: _____

☐ ALT. SCHOOL ☐ GAHS ☐ GAMS ☐ GREEN ☐ RIO GRANDE ☐ WASHINGTON
☐ CENTRAL OFFICE ☐ GUIDING HAND ☐ MAINTENANCE ☐ TRANSPORTATION ☐ OTHER

TYPE OF LEAVE	I AM REQUESTING THE FOLLOWING	
☐ PERSONAL LEAVE Must be filed with the appropriate administrator at least 3 days before the leave, if possible. **May not be used the day before or the day after a weekday the employee is not scheduled to work.**	½ 1 1½ 2 2½ 3 3½ 4 _____ am / pm Date(s) _____ am / pm Date(s)	_____ # of Days Previously Requested
☐ VACATION Must be filed with the appropriate administrator at least 30 days before the leave, if possible	# OF DAYS: _____ _____ Date to _____ Date	
☐ LEAVE WITHOUT PAY	# OF DAYS: _____ _____ Date(s)	_____ # of Days Previously Requested
☐ ASSOCIATION LEAVE (Attach documentation)	# OF DAYS: _____ _____ Date(s)	_____ # of Days Previously Requested ☐ Sub Needed
☐ INSERVICE LEAVE Meeting: _____ Location: _____ (Attach documentation/PO)	# OF DAYS: _____ _____ Date(s)	_____ # of Days Previously Requested ☐ Sub Needed ☐ Expenses will be submitted
☐ PROFESSIONAL LEAVE Meeting: _____ Location: _____ (Attach documentation/PO)	# OF DAYS: _____ _____ Date(s)	_____ # of Days Previously Requested ☐ Sub Needed ☐ Expenses will be submitted
☐ SICK LEAVE (If known in advance)	# OF DAYS: _____ _____ Date(s)	
☐ JURY DUTY/COURT	# OF DAYS: _____ _____ Date(s)	
☐ COMP TIME (Must be approved by Supervisor)	# OF HOURS: _____ _____ Date(s)	

➢ UPON RETURN TO SCHOOL COMPLETE AN EXPENSE REPORT FORM AND ATTACH RECEIPTS ➣

ESTIMATED EXPENSES AS PER NEGOTIATED CONTRACT:

MILEAGE: _____ MILES @ IRS RATE = 70¢ PER MILE ---------- = _____

LODGING: _____ NIGHTS @ $_____ PER NIGHT ---------- = _____

MEALS: ---------- = _____

REGISTRATION: ---------- = _____

OTHER:
(Specify) _____ = _____

REQUISITION #_____ **TOTAL** = _____

EMPLOYEE SIGNATURE: _____ DATE: _____

☐ GRANTED ☐ DENIED _____ SIGNATURE OF PRINCIPAL/SUPERVISOR _____ DATE

☐ GRANTED ☐ DENIED _____ SIGNATURE OF SUPERINTENDENT _____ DATE