Employee Leave Request Form
Clarksdale Municipal School District

Submission Date: _____ Employee #: _____ Location: _____

Employee Name: _____ Job Title: _____

Number of Days/Hours Requested: _____ Specific Dates: _____

☐ Sick Leave: _____

Explanation: Illness in immediate family, maternity leave, personal illness, doctor's appointment, death in immediate family

☐ Personal Leave ☐ Vacation ☐ Unexcused ☐ Jury Duty

☐ Professional: _____

Purpose of trip and destination

I will submit a travel expense form for reimbursement: ☐ Yes ☐ No

I will need to request a rental for travel: ☐ Yes ☐ No

This is to certify that I have submitted the above request:

Employee Signature:_____ Date: _____

This section MUST be completed on ALL school business requests.

School Business (Source of Funding): _____

To be completed by Principal/Supervisor

☐ Substitute Required ☐ No Cost to District

To be completed and submitted with payroll

Substitute Used: _____

Note: Requests for School Business, Personal Leave (other than emergencies,) and vacation must be submitted PRIOR TO the absence to be APPROVED by ALL the following:

☐ Approved ☐ Not Approved _____ _____
Principal Date

☐ Approved ☐ Not Approved _____ _____
Coordinator/Supervisor Date

☐ Approved ☐ Not Approved _____ _____
Superintendent or Designee Date