CLARKSDALE
MUNICIPAL SCHOOL DISTRICT



LEAVE REQUEST FORM

1. EMPLOYEE INFORMATION

Submission Date: _____ Employee ID #: _____ Home School/Department: _____

Employee Name: _____ Job Title: _____

Number of Days Requested: _____ Number of Hours Requested: _____

Specific Dates: From _____ To _____

2. TYPE OF LEAVE REQUESTED (Check all that apply)

☐ Sick Leave ☐ Personal Leave ☐ Vacation ☐ Unexcused ☐ Jury Duty

☐ Professional Development / School Business

Explanation / Reason:

_____

_____

_____

*Professional / School Business: _____

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

The superintendent will determine the most cost-effective travel option.
Selecting "No" means the employee is responsible for travel expenses.

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

Employee Signature: _____ Date: _____

3. SCHOOL BUSINESS (Source of Funding)

Funding Source: _____

Budget Code: _____

Account Number (Optional): _____

Grant/Federal Program (If applicable): _____

4. PRINCIPAL / SUPERVISOR USE ONLY

Substitute Required: ☐ Yes ☐ No

Cost to District: $ _____

Supervisor Signature: _____

Date: _____

IMPORTANT REMINDERS

- All requests must be completed in full.
- Submit **PRIOR TO** the absence (except emergencies).
- Approval required from all applicable parties.
- Incomplete requests will be returned.

6. APPROVALS

Approvals	Approved	Not Approved	Signature	Date
Principal	☐	☐		
Coordinator / Supervisor	☐	☐		
Department or Designee	☐	☐		

Every Student. Every Need.