

REQUEST FOR SCHOOL BUSINESS LEAVE
(Does Not Include Athletic and Field Trips)

This form *MUST* be approved by the Site Supervisor and Funding Source Administrator prior to leave.

Name(s): _____ Substitute Name(s): _____

Please keep the staff member with their substitute on the same row. If there isn't a substitute, then leave it blank.

Reason for Request: _____

Location (where to): _____ Professional Development: Yes No

Date(s) Requested: _____ Time Requested – Leave: _____ Return: _____

Substitute(s): Yes No Travel: Yes No
(If "Yes" attach copy of estimated travel expense claim.)

Normal Work Site: _____

Substitute or Travel paid by: Site Other Funding Source Combination

Budget Code:

_____/_____/_____/_____/_____/_____/_____/_____/_____/_____
_____/_____/_____/_____/_____/_____/_____/_____/_____/_____

Supervisor's Signature: _____	Date: _____
Approved Denied	
Reason for denial: _____	
Funding Source Administrator: _____	Date: _____
Approved Denied	
Reason for denial: _____	

If the District can bill another entity, provide billing name and address:

A copy of this completed form must be attached to your absence report and, if applicable, your travel claim.