

**SCHOOL BUSINESS LEAVE**

REQUEST FORM

DATE: \_\_\_\_\_

TO: Superintendent

ADMINISTRATOR'S REQUEST FOR (PERSON): \_\_\_\_\_

BUILDING SITE: \_\_\_\_\_

REASON FOR REQUESTING LEAVE: \_\_\_\_\_

\_\_\_\_\_

DATE OF LEAVE: \_\_\_\_\_

NUMBER OF DAYS AND/OR HOURS: \_\_\_\_\_

MEETING LOCATION: \_\_\_\_\_

EXPENSE REQUEST: \_\_\_\_\_

\_\_\_\_\_  
Principal

APPROVAL FORM

SITE PRINCIPAL: \_\_\_\_\_

APPROVAL: \_\_\_\_\_ DISAPPROVAL: \_\_\_\_\_

\_\_\_\_\_ PUBLIC SCHOOLS WILL PROVIDE FOR THE FOLLOWING EXPENSES:

- 1. \_\_\_\_\_ PURCHASE ORDER NUMBER \_\_\_\_\_
- 2. \_\_\_\_\_ PURCHASE ORDER NUMBER \_\_\_\_\_
- 3. \_\_\_\_\_ PURCHASE ORDER NUMBER \_\_\_\_\_

Please advise staff member that before reimbursement can be made, receipts must be signed and have P.O. Number on them.

NOTE: Return original approval form with the signed employee absence report *after* the leave is taken. Should circumstances arise that the staff member is not able to attend the scheduled workshop on date(s) approved, please notify the superintendent or designee at the board of education office so that the P.O. Numbers assigned can be canceled.

\_\_\_\_\_  
Superintendent