



REQUEST FOR SCHOOL BUSINESS LEAVE

This form must be submitted to the District Office six (6) days prior to the date of the requested leave to insure timely processing.

To be completed by Teacher:

Today's Date _____ Name _____ School _____

Grade/Subject _____ Date(s) of leave _____ # of Days _____

If less than full day, exact time sub is to report/leave _____

Please check one: School-sponsored field trip Workshop, conference or training

Substitute(s) Requested: _____ No substitute required

Exact nature of leave (please be specific – many people refer to these forms for many reasons): _____

To be completed by Site Administrator, Program Administrator, & Business Services:

Budget Code for Substitute _____

Site Administrator Approval _____ Date _____

Instructional Services or Human Resources or Special Ed Approval _____ Date _____

Business Services Approval _____ Date _____

Other Information (3rd party to be billed, etc) _____

