

## Hamilton Community Consolidated School District # 328 – Leave Request

Name \_\_\_\_\_

Building \_\_\_\_\_

Date of Request \_\_\_\_\_ Date(s) of Leave \_\_\_\_\_

Substitute Needed? YES or NO If YES, which days? \_\_\_\_\_

Type of Leave:

\_\_\_\_\_ Vacation                      \_\_\_\_\_ Personal Leave  
 \_\_\_\_\_ Sick Leave                      \_\_\_\_\_ Bereavement Leave (Relationship \_\_\_\_\_)  
 \_\_\_\_\_ Conference                      \_\_\_\_\_ Other (Specify \_\_\_\_\_)

For Conference leave only:

I request permission to attend \_\_\_\_\_  
 conference/workshop at \_\_\_\_\_ on the following days \_\_\_\_\_.

I am a member of this organization. \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ N/A

List actual or estimated expenses and mark appropriate blanks so we know how to pay/reimburse.

|              | Expenses | Actual or Estimated | Mail in Check | Need Check to take | Will claim Check on return |
|--------------|----------|---------------------|---------------|--------------------|----------------------------|
| Registration |          |                     |               |                    |                            |
| Room         |          |                     |               |                    |                            |
| Meals        |          |                     |               |                    |                            |
| Travel       |          |                     |               |                    |                            |
| Misc.        |          |                     |               |                    |                            |
| Total        |          |                     |               |                    |                            |

Employee Signature \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_ Approved? YES NO

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_ Approved? YES NO