

Southeast Fountain School Corporation

Leave Request Form

Staff Member: _____ Today's Date: _____

Type of leave: _____ Sick _____ Personal _____ Staff Dev _____ Bereavement _____ Jury Duty
_____ Field Trip _____ General (unpaid leave)

Date(s) of requested leave: _____

~~-----Personal/Sick/General-----~~

Reason for Leave: _____

~~-----Professional-----~~

Location of Activity: Site: _____ City: _____ State: _____

Costs: Registration: _____ Lodging: _____ Meals: _____

Mileage: _____ Other: _____ TOTAL: _____

Area of professional performance to be improved by attending this activity:

~~-----Bereavement-----~~

Name of Deceased: _____ Date of Death: _____

Relationship to Employee: _____

Building Approval: _____ Approved _____ Disapproved _____

Administration Signature

Total cost of \$ _____ to be paid by: _____ Corp _____ Building _____ Individual

Corporation Approval: _____ Approved _____ Disapproved _____

Superintendent Signature