

NORTHWESTERN LOCAL SCHOOL DISTRICT
LEAVE FORM

Name _____ S.S.#. ____-____-____
 Date(s) of Leave _____ Number of Days _____
 Substitute's Name _____

Please check one of the following:

SICK LEAVE [Check reason for using Sick Leave]

1 Illness, injury or death in immediate family
 _____ (name & relationship)

If medical attention was obtained while on leave, the name and address of the attending physician must be listed here.

- 12 ASSAULT LEAVE [attach certificate]
- 7 PERSONAL LEAVE
- 13 COMPULSARY LEAVE [attach notice or subpoena]
- 2 EMERGENCY AND HAZARDOUS LEAVE
- 3 ASSOCIATION LEAVE President's Signature: _____
- 6 UNPAID CHILD CARE LEAVE [attach certificate]
- 5 FAMILY AND MEDICAL LEAVE [attach certificate]
- 8 EXTENDED LEAVE [state type]: _____
- 4 MILITARY LEAVE [attach order]
- 15 UNPAID SHORT-TERM LEAVE
- 14 COMP TIME
- 11 VACATION TIME [Support Staff only]

9 PROFESSIONAL LEAVE Is a Substitute necessary? ____

MEETING NAME: _____
 MEETING LOCATION (CITY): _____

How do you anticipate incorporating the agenda of this meeting into your area of professional responsibility? _____

| FUND | FUNC | OBJ | SCC | SUBJ | OPU | IL | JOB |
|-------|-------|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

ESTIMATED COSTS

Registration Fee \$ _____ Pd _____ P.O. _____
 Transportation costs (IRS Rate) \$ _____ (\$75 max per day)
 Lodging \$ _____ (\$75 max per day)
 Meals \$ _____ (\$30 max per day)

Total Estimated Expenses: \$ _____ (Not to exceed \$400)

EMPLOYEE REIMBURSABLE COST

Registration Fee \$ _____ Pd _____ P.O. _____
 Transportation costs (IRS Rate) \$ _____ (\$75 max per day)
 Lodging \$ _____ (\$75 max per day)
 2nd Employee \$ _____ (\$75 max per day)
 Meals \$ _____ (\$30 max per day)

TOTAL ACTUAL: \$ _____

REIMBURSABLE EXPENSE: \$ _____ (Not to exceed \$400)

Additional Notes:

Employee Signature _____

Date _____

| | Signature | Date | Approved | Disapproved |
|-----------------|-----------|-------|----------|-------------|
| Principal | _____ | _____ | _____ | _____ |
| Superintendent | _____ | _____ | _____ | _____ |
| Board/Treasurer | _____ | _____ | _____ | _____ |