

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:

9 PROFESSIONAL LEAVE Is a Substitute Necessary? _____

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.

An employee out for more than ten (10) consecutive work days due to personal illness/serious health conditions must, provide a return to work statement from his/her health care provider.

- 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]

When an employee is absent for more than ten (10) consecutive work days, the absence will be presumed to be covered by FMLA and the teacher will be sent a notice of eligibility. The employee will have fourteen (14) days to notify the Treasurer if the employee does not believe the leaves falls under FMLA.

- 8 EXTENDED LEAVE [State Type]: _____
- 4 MILITARY LEAVE [Attach Order]
- 15 UNPAID SHORT-TERM LEAVE
- 14 COMP TIME
- 11 VACATION LEAVE (Support Staff Only)

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
JOB	FUND	FUNC	OBJ	SCC	SUBJ	OPU	IL

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)

Employee Signature _____

Date _____

	<u>Signature</u>	<u>Date</u>	<u>Approved</u>	<u>Disapproved</u>
Principal	_____	_____	_____	_____
Superintendent	_____	_____	_____	_____
Board/Treasurer	_____	_____	_____	_____