

LEAVE REQUEST FORM

Daviess-Martin Special Education Cooperative
P.O. Box 637
Washington, IN 47501
254-1530

Staff Member: _____ Building(s): _____

Date of Request: _____ Date(s) of Leave: _____

____ Sick Leave ___ Family Illness ___ Jury Duty ___ Personal ___ Leave without Pay

____ Maternity Leave (I will use ____ of my sick days during this leave)

____ Funeral Leave: Name _____ Relationship _____

____ Professional Leave: Attending _____

Expenses Requested: ___ Registration \$ _____; ___ Mileage;
 ___ Lodging \$ _____; ___ Meals \$ _____;

Principal: _____ Date: _____

Director: _____ Date: _____

Treasurer: _____ Date: _____

Approved by: _____

Disapproved by: _____

Reason: _____

All overnight leaves must be approved by the board. These requests should be turned in prior to board meetings (normally the second Monday each month).

Professional Leave: Teachers are encouraged to travel together and to share a room to minimize expenses so that more people can attend conferences.

The Cooperative will reimburse only expenses listed above and only expenses that have been approved. No expenses will be reimbursed unless approved in advance. Itemized receipts are required for registration, lodging, and meals. Reimbursement will not be made until receipts are received by the Cooperative.

If your request was approved above, please contact your principal(s) as soon as possible so plans can be made for a substitute for the day(s) you are off.