



DAVIESS - MARTIN DMSEC SPECIAL EDUCATION COOPERATIVE

LEAVE REQUEST FORM (updated FEB 2024)

Staff Member: _____

City & Building(s): _____

Date(s) of Leave: _____

SICK FAMILY SICK PERSONAL LEAVE W/O PAY

JURY DUTY - MUST SEND COURT DOCUMENTS AND CONTACT COOP OFFICE

MATERNITY LEAVE: PROJECTED START DATE: _____ PROJECTED END DATE: _____

FOR MATERNITY LEAVE EMPLOYEE MUST CONTACT PAYROLL AND COOP DIRECTOR. DR NOTES ARE REQUIRED.
Ck sick and/or leave w/o pay at the top as well based on days available to you. If uncertain contact Laura.

FUNERAL LEAVE : MUST FILL OUT THE INFORMATION BELOW. CHECK HANDBOOKS FOR MORE INFORMATION OR CONTACT THE COOP OFFICE

Name of Deceased: _____

Relationship: _____

PROFESSIONAL LEAVE (MUST BE APPROVED BY COOP DIRECTOR BEFORE USING):

Attending/Reason _____

Expenses Requested for Approved Professional Leave (copy goes to Nettie in addition to the school and Laura:

Registration \$ _____ Mileage _____

Lodging \$ _____ Meals \$ _____

Required Signatures:

Employee: _____ **Date:** _____

Principal: _____ **Date:** _____

COOP Director: _____ **Date:** _____

Board Approval, if applicable

If disapproved, by: _____ **Date:** _____

Reason: _____

All overnight leaves must be approved by the board. These requests should be turned in prior to board meetings (normally the Third Tuesday of each month). Only those expenses checked will be reimbursed, and no expenses will be reimbursed unless approved in advance. Receipts are required for registration, lodging, and meals, and reimbursement will not be made until receipts and an expense report are received by the CO-OP office.