

BROOKHAVEN SCHOOL DISTRICT REQUEST FOR LEAVE/TRAVEL

(Required one week prior to absence)

REQUEST

NAME _____ DATE OF PLANNED ABSENCE _____

SCHOOL/DEPARTMENT _____ GRADE/SUBJECT _____

- PERSONAL LEAVE _____
- SICK LEAVE _____
- OTHER LEAVE _____
- SCHOOL BUSINESS/TRIP to: _____
Purpose or Explanation: _____

Approximate Expenses

| Travel | \$ | | # miles | | @ | | per mile |
|--------------|----|--|--|--|---|--|----------|
| Lodging | \$ | | Detailed invoice/receipt required | | | | |
| Meals | \$ | | Meals allowable with overnight travel only | | | | |
| Registration | \$ | | Invoice/receipt required PO: | | | | |
| Other | \$ | | Explanation: | | | | |
| Total | \$ | | | | | | |

Employee Signature _____ Date _____

ACTION BY PRINCIPAL/SUPERVISOR

| | | | | | |
|-------------------|--|------------------|--|-----------------|-----------------|
| Requested absence | | Approved | | Disapproved | |
| A substitute will | | be employed | | not be Employed | |
| Source of Funds | | District Maint. | | Central Office | School Activity |
| | | Special Services | | Title I/II | Other |

Budget Code: _____

Supervisor Signature _____ Date _____

APPROVAL EXPENDITURES

Substitute pay approved Expense approved

Supervisor Signature _____ Date _____

ACTION BY SUPERINTENDENT

Absence has been Approved Disapproved

Superintendent's Signature _____ Date _____