

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 _____

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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 _____

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APPROVAL EXPENDITURES

Substitute pay approved Expense approved

Supervisor Signature _____ Date _____

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ACTION BY SUPERINTENDENT

Absence has been Approved Disapproved

Superintendent's Signature _____ Date _____