# LEAVE REQUEST

4/2004

**UNIFIED SCHOOL DISTRICT #417**
**MORRIS COUNTY, KANSAS**

_____ _____
(Name) (School)

O **JURY DUTY LEAVE** on _____

O **LEAVE WITHOUT PAY** on _____

O **PERSONAL LEAVE** on _____

O **PERSONAL LEAVE** (using SICK LEAVE) on _____
(All personal leave must be depleted before using this option)

O **PROFESSIONAL LEAVE** on _____

O **SICK LEAVE** on _____

Reason for requesting Professional Leave or Leave without Pay:

_____

_____

_____

**Professional Leave Only:**
Is this Professional Leave during contract time? Yes No
Please include a statement which identifies how this leave will address your individual professional development. Attach separate page if needed.

Itemize any estimated expenses that you will submit for reimbursement (fill out a requisition also). Include expected or known registration, meal, motel and mileage expenses:

(This request must be approved by the building principal at least one week in advance of leave date unless unforeseen circumstances.)

_____ _____
Employee Signature Date

O Approved O Denied _____ _____
Principal Signature Date

O Approved O Denied _____ _____
Superintendent Signature Date