

**LEAVE REQUEST FORM
BROKEN BOW SCHOOL DISTRICT I-74**

*TO BE COMPLETED FOR ALL NON-ILLNESS RELATED ABSENCES
PRIOR TO ABSENCE*

CERTIFIED EMPLOYEE

<please circle one>

SUPPORT EMPLOYEE

Name _____

Site _____

Date(s) of requested leave: _____

Type of leave requested: (please circle one)

Bereavement

Personal

Professional

Sick

Other

Bereavement Leave (relationship to deceased) _____

Professional Leave (reason) _____

Personal (reason) _____

Other (reason) _____

Will a substitute be necessary? _____

If so, substitute will be paid by: (please circle one)

Employee

School/Site

District

Professional Development

To claim reimbursement for travel expenses you must complete a Claim Form for Travel Reimbursement prior to your trip. Upon return, you must turn in all signed itemized receipts.

No receipts, no pay. Mileage will be paid at the State mileage reimbursement rate.

Signature of Employee Date

Signature of Principal/Supervisor Date

_____ Approved _____ Approved w/stipulations _____ Denied
Stipulation(s): _____

Signature of Superintendent Date _____