Port Townsend School District #50 LEAVE REQUEST

Building: Substitute:			Date(s) of Absence:		
				(mm-dd-yyyy)	
			e Absence Posted		
Type of Lea	ave Requested:	-			
☐ Sick Leave [ie: Prearranged/Planned Medical Procedures]			☐ Personal Leave [Certificated Sta	☐ Personal Leave [Certificated Staff only]	
☐ Family Illness Leave			☐ Vacation /Annual Leave [Class	☐ Vacation /Annual Leave [Classified Staff only]	
☐ Bereavement Leave			☐ Association Leave		
☐ Emergency Leave [Requires request letter to Supt for approval]			☐ Jury Duty	☐ Jury Duty	
☐ Maternity Leave			☐ Court Appearance [District Rel	ated]	
☐ Parental Leave			☐ Military Leave		
☐ Unpaid Leave [attach letter to Superintendent stating specifics]				☐ Other:	
	□ Professional Development Leave Workshops/Conferences/Training (must complete next section)				
Destination/	Conference/Meeting T	shop/conference/meeting Fitle:			
	Travel Reimbursement				
☐ Meals		Employee	Date		
☐ Mileage		Епрюуее	Date	I save Approved	
	ransportation			<u>Leave Approved</u> : \Box Yes \Box No	
☐ Lodging		Principal	Date		
☐ Registration ☐ Other (specify): ☐ Director/Superintendent Signatures if required for leave requested:					
	pecny).	Director	Date	□ Yes □ No	
*Don't forget Requisition for	to enter a PO r your expenses.	Superintendent / Designee	Date	□ Yes □ No	

Rev: 09-2020