

West Clark Community Schools Professional Leave Request

Date: _____

Employee
First Name: _____ **Last:** _____

Hereby request to be excused on

Date: _____ **Number of Days:** _____
Month Day(s) Year

Reason: _____
State type and place of professional activity; list any personal responsibility.

Job Title: _____

- School/Site check one
- Borden Elementary Borden Jr/Sr High Henryville Elementary
 - Henryville Jr/Sr High Silver Creek Elementary Silver Creek Middle
 - Silver Creek Sr High Superintendent's Office West Clark Alternative
 - Silver Creek Primary

- I anticipate the following expenses
- Registration Fee → _____
Amount
 - Mileage current rate → _____
Amount
 - Meals & Lodging → _____
Amount

All expenses must be validated by receipts

Signature _____



Supervisor Approve Disapprove _____
Approved for this reason _____ **Supervisor Signature**
 Substitute Needed Substitute NOT Needed Date: _____



Superintendent Approve Disapprove
The salary allowed will be full; plus the following expense items:
Registration \$ _____ Meals & Lodging \$ _____ Mileage (x current rate) \$ _____
Date: _____

Signature _____

All expense items must be validated by receipts.

After leave, send receipts and a copy of this approved leave request to West Clark Community Schools within two weeks.