



Classified Leave Request

Employee Name: _____ Date: _____

___ A.M.
 ___ Mid-Day (Transportation
 only)
 ___ P.M.

Hereby request to be excused on: _____ Number of Days: _____

- School/Site:** check one
- | | | |
|--|--|--|
| <input type="checkbox"/> Borden Elementary | <input type="checkbox"/> Borden Jr/Sr High | <input type="checkbox"/> Henryville Elementary |
| <input type="checkbox"/> Henryville Jr/Sr High | <input type="checkbox"/> Silver Creek Elementary | <input type="checkbox"/> Silver Creek Middle |
| <input type="checkbox"/> Silver Creek Sr High | <input type="checkbox"/> Superintendent's Office | <input type="checkbox"/> West Clark Education Center |
| <input type="checkbox"/> Silver Creek Primary | Prosser | Corden Porter |

Type Leave: check Paid Time Off: ___ Jury Duty: ___ Military: ___ Bereavement: ___
Professional: ___

Bereavement Leave →	_____	_____
	Relative's Name	Relationship
Professional →	Name of Activity: _____	

- I anticipate the following expenses
- | | | |
|---|---|--------|
| <input type="checkbox"/> Registration Fee | → | _____ |
| | | Amount |
| <input type="checkbox"/> Mileage current rate | → | _____ |
| | | Amount |
| <input type="checkbox"/> Meals & Lodging | → | _____ |
| | | Amount |

Signature: _____

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Refer to WCCS Classified Employee Handbook regarding Leave request protocols.

Supervisor:	<input type="checkbox"/> Approve <input type="checkbox"/> With Salary <input type="checkbox"/> Substitute Needed <input type="checkbox"/> Leave Days Available	<input type="checkbox"/> Disapprove <input type="checkbox"/> Without Salary <input type="checkbox"/> Substitute NOT Needed <input type="checkbox"/> Days Not Available	_____ <i>Supervisor Signature</i> Date: _____
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West Clark Payroll Payroll Comments _____	Payroll Initials →
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