

P.O. # _____
P.O. Amt: _____
P.O. Date: _____
Code: _____

# FREDERICK PUBLIC SCHOOLS

## CERTIFIED AND SUPPORT PERSONNEL

### LEAVE REQUEST FORM

NAME of Individual requesting leave \_\_\_\_\_

Date/Dates of Leave \_\_\_\_\_ Sub required? Yes No (circle one)

1. **PROFESSIONAL:** (Please state reason): \_\_\_\_\_

\_\_\_\_\_ School vehicle requested: Vehicles are limited so requests must be 5 days in advance and **requests must be given to the Principal.** Transportation Director will give confirmation to the Principal.

*Note: All expenses must be encumbered prior to the leave, so please estimate as closely as possible.*

Estimated expenses: (for reimbursement): **Mileage** \_\_\_\_\_ **Meals \$** \_\_\_\_\_ **Room \$** \_\_\_\_\_

Complete the following information if room costs are to be direct billed. The Business Office will provide the purchase order for direct billing.

Hotel Name: \_\_\_\_\_ Date(s) of Reservation: \_\_\_\_\_

Office Use Only:			
P.O. #	P.O. Amount		P.O. Date
Code		Confirmation #	

\_\_\_\_\_ 2. **SICK:** Total days requested \_\_\_\_\_ (Deductions will be made if requested leave exceeds available)  
*Employee may be required to submit appropriate evidence concerning the cause of his/her absence in order to qualify for sick leave benefits.*

\_\_\_\_\_ 3. **PERSONAL WITH NO DEDUCT:** This document constitutes a signed statement that the leave was not used for personal entertainment, recreation, gainful employment, or to seek another position.

\_\_\_\_\_ 4. **PERSONAL - PAYROLL DEDUCTION:** I hereby authorize a \$45 per day deduction.

\_\_\_\_\_ 5. **EMERGENCY:** (Please state reason) \_\_\_\_\_

\_\_\_\_\_ 6. **BEREAVEMENT:** Total days requested: \_\_\_\_\_

\_\_\_\_\_ 7. **JURY DUTY:** Total days requested: \_\_\_\_\_

\_\_\_\_\_ 8. **VACATION:** (12 month contract personnel only) Total Days requested: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Requesting Leave

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Superintendent's Signature (indicates approval)