

ZACHARY COMMUNITY SCHOOL BOARD

Leave Request Form

(Please print clearly)

DATE OF REQUEST: _____

FROM: _____

(Person Requesting Leave)

_____ *(Social Security Number)*

_____ *(School Assigned or Department)*

_____ *(Teaching Area or Job Title)*

TO: _____

(Appropriate Administrator)

TYPE OF LEAVE: Sick Personal Leave Annual Leave Extended Sick *(Must be pre-approved with original doctor's excuse)*
 Professional Leave *(Complete appropriate section below)* Jury Duty *(Attach copy of subpoena or jury duty check stub to verify attendance)*
 Military Leave *(Attach copy of military orders)*

For Payroll Office use only: Leave w/o Pay Worker's Compensation

BEGINNING DATE & TIME (a.m./p.m.)

ENDING DATE & TIME (a.m./p.m.)

TOTAL DAYS ABSENT

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Note: Leave can only be reported to the main office payroll desk in the following increments: 1/2 day = 4 hours & 1 day = 8 hours

EMPLOYEE'S SIGNATURE: _____ APPROVAL BY PRINCIPAL: _____

COMPLETE FOR PROFESSIONAL LEAVE REQUESTS ONLY (Must be submitted at least 10 days prior to leave request.)

REQUEST TO ATTEND: _____

PLACE: _____

PROFESSIONAL LEAVE JUSTIFICATION: _____

PAID SUBSTITUTE REQUIRED: Yes No

Funding Source for Substitute: _____

If school is paying for sub, a check must be sent when absence is submitted for payroll processing.

Degreed Sub: \$65 full day / \$32.50 half day / Non-degreed Sub: \$54.16 full day / \$27.08 half day

Teacher's Aide Sub: \$52 full day / \$26 half day

**Approval of
funding source
for substitute:**

Authorized Signature

ESTIMATED COSTS

Transportation \$ _____

Lodging \$ _____

Meals \$ _____

Registration Fees \$ _____

Total \$ _____

Funding source for expenses: _____

**Approval of funding source for
professional leave expenses:**

Authorized Signature

ADVANCE REQUESTED: Yes No Amount \$ _____

Note: Original receipts must be submitted with expense report for reimbursement and to settle advances.

Your request for professional leave is approved disapproved with the following exception, if any:

APPROVED: _____

(Superintendent or Appropriate Director/Supervisor)

_____ *(Date)*

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Substitute Employee Form

(Please print clearly)

Complete the form below for each day worked, even if substituting for the same employee.
Submit to payroll, along with approved Leave Request Form, for payroll processing.
Attached this form to the back of Employee Leave Request Form.

Name of Substitute: Date Substituted:
SS# of Substitute: Substituted for:
Level of Education: Degreed Non-degreed
Substitute's Signature



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