



Jemez Mountain Public Schools #56
Leave Request Form

SY 2018-2019

Part 1 – LEAVE INFORMATION

Name: _____

Work Site: GES CMS/CHS Lybrook District

DATE

Type of Leave:	From:	To:	Total Hours Taken	Number of days taken:
Annual				
Bereavement				
*Relationship:				
Exchange Day				
Funeral				
Jury Duty				
Leave Without Pay				
Personal				
Professional Development				
Religious Day				
Sick				

Leave Justification: _____

Part 2 – TRANSPORTATION

1. If school related is transportation required Yes No

Part 3 – MEALS

1. Meals are not reimbursable for one-day meetings/conferences (less than 24 hours).

2. Itemized meal receipts are required for meetings over 24 hours. A total of \$30 for meals is allowable within a 24 hour period. Each meal should not exceed \$10.

Part 4 –REQUIRED SIGNATURES

 Employee's Signature

 Date

District Vehicle Available Yes No _____
 Transportation Director / Admin. Assist.

 Date

Approved _____
 Disapproved Supervisor's Signature

 Date

Approved _____
 Disapproved Business Manager's Signature

 Date

Approved _____
 Disapproved Superintendent's Signature

 Date

A request for leave must be completed prior to each planned absence from work and submitted to your immediate supervisor for approval. Signed form will be returned to the Central Office for records keeping. A form for unanticipated illness should be completed upon your return and will be routed in the same manner as described above.

OFFICE USE ONLY

Date Posted in Visions: _____

By: _____