



**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				
<b>*Relationship:</b>				
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: \_\_\_\_\_