



EMPLOYEE LEAVE / TRANSPORTATION REQUEST

Name: _____

Date: _____

PLEASE CHECK APPROPRIATE BOX AND DATE:

LEAVE (Explanation): _____

Date(s): _____

VACATION (Explanation): _____
(12 month employees only)

Date(s): _____

BEREAVEMENT (Explanation): _____

Date(s): _____

FIELD TRIP (Objectives): _____

Date(s): _____

**Attach documentation of event, Field trip form (Requisition if there is a fee)*

If event is free, check here _____

PROFESSIONAL (Explanation): _____

Date(s): _____

**Attach documentation of conference/event (Requisition if there is a fee)*

If event is free, check here _____

***Remember! You must give the business office and cafeteria a two week notice if requesting a check and/or lunches for students/staff.**

***MUST ATTACH REQUISITION FORM WITH THE FOLLOWING INFO WHEN APPLICABLE:**

- 1) Date of event, address and telephone number
- 2) Registration Fee
- 3) Hotel costs, which includes the daily rate, number of nights (arrival and leave date)
- 4) Travel reimbursements (per district policies and procedures - see Safe Schools training) which may include:
 - a) Estimated Meal Cost and/or Privately Owned Vehicle Estimated Mileage and cost
- 5) Total Estimated Cost

TRANSPORTATION DEPARTMENT

Transportation Required: Bus Van Car Other: _____

Departure Time from School: _____ Return Time: _____

Destination: _____ # of Passengers: _____

Reviewed by: Principal / Business Manager Date: _____ Approved Denied

Superintendent Date: _____ Approved Denied

Substitute: Not Needed Needed Sub Requested: _____

Copy To: Employee Business Office Field Trip Transportation Payroll Cafeteria