AUBURN CITY SCHOOLS LEAVE REQUEST FORM

REQUEST INFORMATION																					
Name: Employee ID:																					
Date Submitte	d: _																				
Professional L	ional Leave Personal Leave							eave		Date(s) of Leave:											
Will reimbursement be requested: Travel Expenses					es YES			NC	NO			Substitute YES				NO					
Estimated Travel Cost: \$								of Funds	s:												
Estimated Substitutes Cost: \$							ource	of Funds	s:				Kelly Services Code:				de:				
Justification fo	or Red	quest:																			
Destination:									_ Ci	ty:						Si	tate:				
Departure: /									Return:			I									
(Date and Hour)														(Date and Hour)							
Applicant's Signature								Principal/Department Head S						_		Superin	ntenden	dent Signature (if applicable)			
Substitute Name:								SSN:													
Substitute Accour	nt Num	ber:								_											
-	-		-	-		-	-		-		-		\$	5				_			
-	-		-	-		-	-		-		-		\$	5							
-	_		-	_		-	_		-		_		9	5							

Copy to be submitted for approval 30 days prior to departure, if possible.

In state travel requires signature of Supervisor. Out of state travel requires signature of Supervisor and Superintendent.

Leave Request Form to be submitted with Leave Request Expense Summary for reimbursement requests.