

**KIMBERLY SCHOOL DISTRICT**

**REQUEST FOR LEAVE**

**INSTRUCTIONS TO EMPLOYEE:** Please submit to your principal and/or supervisor for preliminary approval. Request must also be signed by supervisor of special programs, (re: grants, drug, math etc.) if the substitute is to be charged outside of General Funds. The request will then be submitted to the District Office & Substitute Coordinator.

**A COPY OF BROCHURE FOR CONFERENCES MUST BE ATTACHED.**

Please submit a separate form for each type of leave and submit to your principal/supervisor.

EMPLOYEE BENEFITS		PERSONAL DAYS		PROFESSIONAL DEVELOPMENT (Prncpl & Curric Dir must sign)	
Illness		Personal Day (2/yr)		Workshops, classes, conferences supporting District or School Continuous Improvement Plans (CIP)	
Bereavement (Spouse, your [or your spouse's] child, stepchild, father, mother, sister, brother, grandparent, grandchild, son/daughter-in-law)		Flex Day (1/yr)		Workshops, classes or conferences that support teacher professional development plan (which are aligned with building's CIP)	
		Sub-Deduct Day (2/yr)		Workshops, classes or conferences that the principal or director asks the teacher to attend which will enhance their expertise	
Vacation		Salary Deduct Day (Prior approval required)		Advanced degrees that will enhance the teacher's ability to assist students (3 days/yr of prof leave – plan for advanced degree must be included in staff member's written & apprvd staff development prog)	

DISTRICT DUTY LEAVES (Principal & Curriculum Dir must sign)		PROFESSIONAL LEAVES (Principal & Curriculum Dir must sign)	
Presenting due to direct written invitation at State or National Educational/Professional Conference(s)		State Scoring Sessions – DWA, DMA or other state-wide test	
Attending State/Local Educational Committees (Curriculum, Accreditation, Activities, etc.) Limit of two terms on a State Committee		ISAT Meetings – Test writing - State meetings clarifying standards, curriculum, assessment where district expertise is required	
Attending activities supporting goals of schools or programs- i.e. kindergarten parent conferences, field trip coverage of classes, or support of students in off campus school/program/activity endeavors		Classes to meet re-certification requirements when NO alternate is available i.e. after hrs, weekends, summer school	
Serving as an officer in State/Nat'l Education Organization (Needs prior School Board approval)		Other unique educational opportunity approved by sch/dept/prog	
GRANTS (Principal & Director of Grant must sign)		OTHER LEAVES (Principal & appropriate Dir/Sprvrs must sign)	
Name of Grant: _____		Athletic / School Activity / Jury Duty / Other _____ (Please circle one)	

I request that I be granted \_\_\_\_\_ day(s) leave of absence from school.

The date(s) absent from work will be: \_\_\_\_\_

The purpose and location of leave: \_\_\_\_\_

(Not required for illness, vacation, or personal days)

I ( ) will or ( ) will not require a substitute.

**BUDGET / REIMBURSEMENT INFORMATION:**

**District** Budget Account Substitute Charged to: \_\_\_\_\_

**Out of District** Contact Person for Reimbursement: \_\_\_\_\_

Address, Phone, etc. \_\_\_\_\_

**SUBSTITUTE:** \_\_\_\_\_ (Name of Substitute by sub. Coordinator only)

*Partial day leave time: From: \_\_\_\_\_ To: \_\_\_\_\_ Period: \_\_\_\_\_ Class: \_\_\_\_\_ Purpose: \_\_\_\_\_*

**EXPENSES TO BE REIMBURSED:**

( ) Food (Per Diem)

( ) Lodging

( ) Transportation

\_\_\_\_\_ miles x rate

\_\_\_\_\_ commercial

Estimated Total Cost: \_\_\_\_\_

Budget Account Expenses Charged to: \_\_\_\_\_

\_\_\_\_\_  
Employee Requesting Leave (Please Print) Date

\_\_\_\_\_  
Person Filling Out Form (If Not Employee)

\_\_\_\_\_  
Principal Approval Director Approval

\_\_\_\_\_  
Superintendent / Board Chairperson