

ALEXANDER CITY SCHOOLS

LEAVE REQUEST

(Submit for approval at least 30 days prior to date of departure)

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date(s) of Leave: \_\_\_\_\_

Total Leave Requested In Days (example: 1 for 1 day, 1.50 for 1 1/2 days, .50 for 1/2 day):

Sick: Personal [ ] Sick: Family [ ] Sick: Death [ ] Sick: Strong Personal Ties [ ]
Personal Leave [ ] Vacation [ ] Jury/Military [ ] Professional Leave [ ]

AND/OR

Total Leave Requested in Hours (example: 3 for 3 hours, 3.50 for 3 1/2 hours, .50 for 30 minutes):

Comp Time [ ] Displaced Duty \*\* [ ]
\*\*Activity/duty other than professional development approved by supervisor

Substitute Needed: [ ] No [ ] Yes -> [ ] AM [ ] PM [ ] All Day

Substitute Assigned: \_\_\_\_\_ (School use only)

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Estimated Substitute Cost (\$72.15 per day): \$ \_\_\_\_\_

Board Car Requested: [ ] No [ ] Yes -> Attach copy of request

Estimated Miles: \_\_\_\_\_ Estimated Mileage Reimbursement @ \$.535/mile: \$ \_\_\_\_\_

Estimated Meal Cost (breakfast \$13.00; lunch \$18.00; dinner \$25.00): \$ \_\_\_\_\_

Estimated Lodging Cost: \$ \_\_\_\_\_ Registration: \$ \_\_\_\_\_ Airline: \$ \_\_\_\_\_

Other Cost \*: \$ \_\_\_\_\_ Total Estimated Cost: \$ \_\_\_\_\_ (total of all estimated cost)

\* List Other Cost: \_\_\_\_\_

Source of Funds: \_\_\_\_\_

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PROFESSIONAL LEAVE OR DISPLACED DUTY ONLY

Justification for Request (attach documentation): \_\_\_\_\_

Destination: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Departure: \_\_\_\_\_ / \_\_\_\_\_ Return: \_\_\_\_\_ / \_\_\_\_\_
(Date and Hour) (Date and Hour)

Applicant's Signature/Date

Supervisor Signature/Date

CSFO Initials/Date

Funding Supervisor Signature/Date

Superintendent Signature/Date

\*\* A copy of the approved Leave Request Form must be submitted with the Travel Reimbursement Form. \*\*