

MOKENA SCHOOL DISTRICT #159  
REQUEST TO BE EXCUSED

Rev. Dec 2014

This form should be completed and submitted for absences except where leave for sickness is applicable. A separate request should be completed for each employee and for each request prior to. Requests should be submitted to your supervisor. Approval of requests is subject to the terms and conditions of Board policy and/or a negotiated agreement for employees covered by an agreement. Copies will be returned to the employee and supervisor.

EMPLOYEE NAME (please print) \_\_\_\_\_

Request permission to be excused on \_\_\_\_\_

<u>EMPLOYEE CATEGORY</u>	<u>TYPE OF LEAVE</u>	<u>WHO IS ELIGIBLE</u>
_____ Administrator	_____ Personal Business/Emergency	All Employees
_____ Certified	_____ Professional Workshop or Meeting	All Employees
_____ Classified Full Time Yr Rd	_____ Special Day – Jury Duty	All Employees
_____ Classified Full Time	_____ Special Day – Condolence	Certified, Classified FT, Classified FT Yr Rd
_____ Classified Part Time	_____ Vacation Day	Administrators, Classified Yr Rd

Substitute Needed? (circle one) YES NO Time needed for substitute (circle one) AM PM All Day  
(indicate time) \_\_\_\_\_

Purpose of Personal/Emergency Leave: \_\_\_\_\_

- \_\_\_\_\_ Appointment (e.g., lawyer, court, real estate)
- \_\_\_\_\_ Household Obligation (e.g., repairs, installations, deliveries)
- \_\_\_\_\_ Family Obligation (e.g., college selection/registration, spouse's employment obligation)
- \_\_\_\_\_ Other (please explain)

Title of Professional Workshop or Type of Meeting: \_\_\_\_\_

How will attending this workshop improve your classroom instruction and/or support building/district initiatives? \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**ADMINISTRATOR'S SECTION** \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Comments: \_\_\_\_\_

Area of Professional Development (Check One):

- \_\_\_\_\_ School Improvement (SI) \_\_\_\_\_ Response to Intervention (RTI) \_\_\_\_\_ General Professional Development (PD)
- \_\_\_\_\_ Curriculum (CD) \_\_\_\_\_ Teacher Evaluation Goal (TG) \_\_\_\_\_ Special Services (SS)
- \_\_\_\_\_ Other \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**DISTRICT'S SECTION** Request granted? YES NO

Expenses allowed for professional leave? Registration \_\_\_\_\_ Meals \_\_\_\_\_

Transportation \_\_\_\_\_ Lodging \_\_\_\_\_

Charge expenses to:  Title Grant  Curriculum  Student Services

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Mark copy and distribute: \_\_\_\_\_ District Office \_\_\_\_\_ Principal \_\_\_\_\_ Employee