			Number
APPLICATION FOR LEAVE OR T		URARY DUTY	Vendor
Received At Finance/Personnel/Payroll Office		Date Enc'd	
I hereby request leave or temporary duty elsewhere as follows:		Finance Use Only	
A. Type of Leave or Temporary	Duty (Check one.) (Refer to Board Poli	icies as indicated.)	
□1. Personal (with pay) Policy 7.22 (1)	□5. Vacation Policy 7.230		Other
□2. Personal (without pay) Policy 7.22 (2)	□6. Professional (Policy 7.03	with pay)	litary, Policy 7.14 (2) ry, Policy 7.24
□3. Parental Policy 7.22(2) (b)	□7. Professional (Policy 7.03	without pay)	tness, Policy 7.24
□4. Illness-in-line-of-duty Policy 7.03	□8. Temporary Dut Policy 7.26	ty Elsewhere □Be	reavement Leave, Policy
B. Purpose:			
C. Place or Places to be Visited	:		
D. Date or Dates: From Thru Total Duty Hours:			
E. Information on Substitute Re	equirements:		
Date:	Signature of Applicant:		
PRINT APPLICANT NAME:			
Action by Principal or Supervis	C05T	DJECT PROGRAM	
WHEN FILING F	OR REIMBURSEMENT		
Action by Superintendent:	251.57	□Recommend Disapproval □Disapproved	
Date:	_ Signature:		
Action by Board:	Approved	roved	
Date:	_ Signature:		
2. Following final action, a. Original to applica		temporary duty elsewi making the request. 4. All request for leave of	curing approval of leave or nere rests with the employee or temporary duty elsewhere,
b. Duplicate to County Office c. Triplicate to principal or supervisor, if applicable		except for emergency leave, must be in County Office at least one week in advance of effective date.	