

LEAVE REQUEST

BUNKER HILL COMMUNITY UNIT SCHOOL DISTRICT #8

NAME _____ DATE _____

TYPE OF LEAVE/ABSENCE:

- SICK LEAVE:
 - Medical Appointment _____
 - Funeral _____
 - Other _____

PERSONAL LEAVE (2 days prior approval required.)

VACATION

JURY DUTY

FIELD TRIP or ADMINISTRATIVE or BHEA

WORKSHOP/CONFERENCE (Please complete reverse side also.)

LEAVE WITHOUT PAY

DATE OF LEAVE/ABSENCE _____ 1/2 Day All Day

SUB REQUIRED _____ 1/2 Day All Day

Signature _____

Approved Not Approved

Principal's Signature _____

Approved Not Approved

Superintendent's Signature _____

Please complete and submit to building secretary for processing.

Before any workshop/conference reservations can be made, this form should be completed and returned to the building secretary for processing.

TITLE OF WORKSHOP/CONFERENCE _____

DATE/S OF WORKSHOP/CONFERENCE _____

TIME OF WORKSHOP/CONFERENCE _____

LOCATION OF WORKSHOP/CONFERENCE _____

NATURE/PURPOSE OF WORKSHOP/CONFERENCE _____

APPLICANT TEACHING AREA _____

OVERNIGHT LODGING REQUIRED _____

ACCOUNT TO BE TAKEN OUT OF _____

Please attach brochure, bulletin, etc. and registration form.

Reservation and payment will be made at the time of approval. Please be sure to attach all information.