

LEAVE APPLICATION
BROOKVILLE LOCAL SCHOOL DISTRICT
(Must be filed three (3) days in advance of day requested.)

Employee Name _____ School/Dept. _____ Date _____

PROFESSIONAL LEAVE APPLICATION

I hereby request Professional Leave for _____ full/ _____ half day(s) on _____ for the following reason, which is in compliance with Board Policy 3243:

NATURE OF MEETING (Check one):

Employee must initiate a PURCHASE ORDER for any expense(s) checked below:

Field Trip: _____

Curriculum Development: _____

Seminar or Conference _____

Athletic/Other: _____

Lodging _____

Mileage _____

Registration _____

NAME OF MEETING (Please do not abbreviate):

LOCATION OF MEETING:

PERSONAL LEAVE APPLICATION

I hereby request Personal Leave for _____ full/ _____ half day(s) on _____ for the following reason, which is in compliance with Article XI of the current Labor Agreement:

() 1. Unrestricted (*Cannot be used March 16 through the last workday of the school year.*)

() 2. Personal business that cannot be conducted outside the school day.

() 3. Emergency (extreme documented) _____

() 4. Deduct _____ day(s) pay. Reason: _____

Approved: _____ Comments: _____

Disapproved: _____

Employee Signature

Employee Social Security #

Principal/Supervisor

Superintendent

Personal Leave days may not be used for vacation purposes. Abuse of Personal Leave shall be subject to disciplinary action.

Administration Office – white and goldenrod copies; **Employee** – pink copy; **Principal** – canary copy.