

Leave Request Form & Substitute Data Entry Form Clarksdale Municipal School District

Submission Date: _____ Employee #: _____ Home School: _____
 Employee Name: _____ Job Assignment: _____
 Number of Days/Hours Requested: _____ Specific Dates: _____

Sick Leave: _____
 Explanation: Illness in immediate family, maternity leave, personal illness, doctor's appointment, death in immediate family

Personal Leave Vacation Unexcused

Professional _____
 Purpose of trip and destination

I will submit a travel expense form for reimbursement: Yes No

I will request a rental for travel: Yes No

***Personal vehicles cannot be used unless approved by the Superintendent *Requests must be requested in travel tracker**

This is to certify that I have submitted the above request:

Employee Signature: _____ **Date:** _____

This section MUST be completed on ALL school business requests

School Business (Source of Funding): _____

To be completed by Principal/Supervisor

Substitute Required

No Cost to District

To be completed and submitted with payroll

Substitute used: _____

Note: Requests for School Business, Personal Leave (other than emergencies,) and vacation must be submitted PRIOR TO the absence to be APPROVED by ALL of the following:

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved		
		Principal	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved		
		Coordinator/Supervisor	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved		
		Superintendent or Designee	Date