|  |  |
| --- | --- |
| **Williams County School District #8** |  |

## EMPLOYEE INFORMATION

**Leave Report /  
Travel Request Form**

| Employee Name |  |  |  |
| --- | --- | --- | --- |
| Building |  |  |  |
| Substitute Name |  |  |  |
| Employee Signature & Date |  |  |  |

## LEAVE REPORT

| Date of Leave |  |  |  |
| --- | --- | --- | --- |
| Half or Full Day | Half  Full |  |  |
| Type of Leave | Sick  Emergency  Personal  Professional  Vacation |  |  |
|  | Leave w/out Pay  Jury Duty  Bereavement / Relationship to Deceased:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | School Related Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Principal or | **Supervisor Date:** |  |  |
| (Signature Required) |  |  |  |

## TRAVEL REQUEST

| Conference Name / Meeting / Activity |  |  |  |
| --- | --- | --- | --- |
|  |  |
| Location |  |
| Departure Date and Time |  |
| Return Date and Time |  |
| Transportation | District Vehicle  Personal Vehicle |

**The following forms must be attached or your travel will be sent back to you as incomplete.**

Professional Development form

Hotel Information

Conference Schedule/Registration Information

Principal/Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_  
**(Signature Required)**