|  |  |
| --- | --- |
| **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)**