

ALEXANDER CITY SCHOOLS

LEAVE REQUEST

(Submit for approval at least 30 days prior to date of departure)

Name: _____ Location: _____

Date Submitted: _____ Date(s) of Leave: _____

Total Leave Requested In Days (example: 1 for 1 day, 1.50 for 1 1/2 days, .50 for 1/2 day):

Sick: Personal [] Sick: Family [] Sick: Death [] Sick: Strong Personal Ties []
Personal Leave [] Vacation [] Jury/Military [] Professional Leave []

AND/OR

Total Leave Requested in Hours (example: 3 for 3 hours, 3.50 for 3 1/2 hours, .50 for 30 minutes):

Substitute Needed: [] No [] Yes -> [] AM [] PM [] All Day

Substitute Assigned: _____ (School use only)

Estimated Substitute Cost (\$74.28 per day): \$ _____

Board Car Requested: [] No [] Yes -> Attach copy of request

Estimated Miles: _____ Estimated Mileage Reimbursement @ \$.545/mile: \$ _____

Estimated Meal Cost (breakfast \$13.00; lunch \$18.00; dinner \$25.00): \$ _____

Estimated Lodging Cost: \$ _____ Registration: \$ _____ Airline: \$ _____

Other Cost *: \$ _____ Total Estimated Cost: \$ _____ (total of all estimated cost)

* List Other Cost: _____

Source of Funds: _____

PROFESSIONAL LEAVE OR DISPLACED DUTY ONLY

Justification for Request (attach documentation): _____

Destination: _____ City: _____ State: _____

Departure: _____ / _____ Return: _____ / _____
(Date and Hour) (Date and Hour)

Applicant's Signature/Date

Supervisor Signature/Date

CSFO Initials/Date

Funding Supervisor Signature/Date

Superintendent Signature/Date

** A copy of the approved Leave Request Form must be submitted with the Travel Reimbursement Form. **