

**BLUE MOUNTAIN SCHOOL DISTRICT
ORWIGSBURG, PENNSYLVANIA**

PROFESSIONAL EMPLOYEE LEAVE FORM

Name of Employee _____ Building _____
(Print or Type)

I request to be absent: _____
I confirm my absence: _____ from the work site on _____
(Indicate Day(s) & Date(s) of Leave)

I request that the employer classify this leave for the reason(s) I have indicated by my check mark(s) in the space(s) below:

_____ Personal Leave (*Explanation requested below if taken during first two weeks or last two weeks of school year or the day immediately prior to or following a school holiday or vacation; needs prior approval by the Superintendent.)

_____ School District Activity held on School Property (*Explanation requested below.)

_____ Other (*Explanation requested below for field trip, extracurricular activity or athletic coaching obligation including name and location of the trip obligation.)

_____ Conference/Workshop (Complete Conference Request Form at least 10 days prior to the regularly scheduled school board meeting.)

_____ Bereavement Leave (*Explanation requested below.)
(_____) Immediate Family; (_____) Near Relative; (_____) Other (Needs prior approval by Superintendent)

_____ Jury Duty Leave (Attach a copy of the petition to serve and submit at least 14 days prior to first day of jury duty.)

_____ Birth/Adoption of Child or Grandchild

_____ Emergency Leave (*Explanation requested below.)

_____ Vacation Leave (Act 93 Employees)

*Explanation of reason should be written for asterisked leaves.

Employee _____ Date _____ Principal _____ Date _____
(Signature) (Signature)

FOR DISTRICT OFFICE USE: Approval by the superintendent or designee affirms the proper categorization of this leave and that it should be so recorded on the employee leave record.

(_____) Approved (_____) Disapproved Superintendent _____
or (Signature) Date
Designee

cc: Original - District Office Records
Copy - Employee

09/20/2017

CONFERENCE REQUEST FORM

Name _____ Date of Request _____

Date(s) of Conference _____

Title of Conference _____

Site of Conference _____

ESTIMATED COSTS TO THE DISTRICT:

\$ _____ Registration Fees

\$ _____ Lodging

\$ _____ Meals

\$ _____ Mileage Reimbursement

\$ _____ Materials

\$ _____ Other Expenses

\$ _____ **TOTAL ESTIMATED EXPENSES**

Will a substitute be needed in your absence? _____

FINANCIAL VERIFICATION:

Business Administrator

Date