

**BLUE MOUNTAIN SCHOOL DISTRICT
ORWIGSBURG, PENNSYLVANIA**

SERVICE 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:

- _____ Sick Leave
- _____ 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 (12 month employees)

*Explanation of reason should be written for asterisked leaves.

Employee _____ Date _____ Supervisor _____ 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 _____ Date _____
or (Signature)

cc: Original - District Office Records
Copy - Employee

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