

Southern Minnesota Education Consortium #6083

Alden-Conger, Glenville-Emmons, Grand Meadow, Kingsland, LeRoy, Lyle, Southland
School Districts
203 2nd Street NW
Adams, MN 55909

REQUEST/REPORT OF ABSENCE

Employee: _____ Date(s) of Absence: _____ Time Used: _____

Leave Reason (Please Check Appropriate Box):

- | | |
|---|--|
| <input type="checkbox"/> S-1 Sick Leave - Personal | <input type="checkbox"/> X-1 Professional Leave (Explain) |
| <input type="checkbox"/> S-2 Sick Leave - Dependent | <input type="checkbox"/> X-2 Extra-Curricular (Explain) |
| <input type="checkbox"/> S-3 Sick Leave - Maternity | <input type="checkbox"/> X-3 Other (Explain) |
| <input type="checkbox"/> P-1 Personal Leave - With Pay | <input type="checkbox"/> X-4 Emergency Leave - Bereavement (Explain) |
| <input type="checkbox"/> P-1 Personal Leave - Without Pay | <input type="checkbox"/> X-5 Emergency Leave - Personal (Explain) |
| <input type="checkbox"/> V-1 Vacation | <input type="checkbox"/> X-6 Emergency Leave - Family (Explain) |
| | <input type="checkbox"/> X-7 Without Pay |
| | <input type="checkbox"/> X-8 Jury Duty |

Explanation: _____

Payroll Adjustment/Deduction: _____

PROFESSIONAL LEAVE: Indicate anticipated expenses for which reimbursement is expected:

*** EXPENSE VOUCHERS FOR ADVANCED PAYMENT MUST ACCOMPANY THIS FORM**

Travel: School Vehicle (Car/Van) ☐ Personal ☐ _____ miles at _____ per mile = \$ _____

Meals: Breakfast: _____ Lunches: _____ Dinners: _____ = \$ _____

* Lodging: _____ Nights at \$ _____ at (Place) _____ = \$ _____

* Registration: Bookkeeper to mail ☐ Employee to mail ☐ = \$ _____

Other: Specify: _____ = \$ _____

(Submit expense voucher for other reimbursements upon return)

Total Estimated Expenses: \$ _____

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Check One: Leave Request is approved ☐ Not approved ☐ Explanation: _____

Administrative Signature: _____ Superintendent's Signature: _____

Remarks: _____

Name of Substitute: _____