

WACO COMMUNITY SCHOOLS -- LEAVE FORM

Name _____

Date(s) of Leave _____ Time Gone: AM _____ PM _____ All Day _____

Check Type of Leave:

Sick Leave	Vacation
Immediate Family Illness	Jury
Bereavement	Professional
Personal	Association
	Unpaid

REASON:

Signature: _____ Date: _____

SUBSTITUTE _____

ADMINISTRATIVE APPROVALS:

Code Substitute Expense to the following account:

Elm. Gen. Ed.	Secondary General Ed
Elem. Resource	Secondary Resource
Elem. SCI	Secondary SCI
ECSE	Perkins
Title I	

Principal:

Approved

Denied

Signature _____ Date _____

Superintendent:

Approved

Denied

Signature _____ Date _____

Once approved, goldenrod copy kept by board secretary. Three copies to immediate supervisor. Following the leave, the employee needs to verify the accuracy of the information to receive payment for the leave and to authorize payment to the substitute.

I certify that the information on this form is accurate. _____ Date _____