

Leave Request

When you have completed the form, hit the print button below, sign the request and submit the hard copy.

218 West 13th Street
 Mount Carmel, IL 62863
 618-262-4181
 www.d348.wabash.k12.il.us
 Tim Buss-Superintendent

Choose Building

Employee First Name

Employee Last Name

Today's Date

Type of Leave

Beginning Date

Ending Date (if more than 1 day)

Total Days Missed

Substitute Needed (check)

If Professional Leave fill out the section below

Location:

Registration Fee

Mileage

Transportation Mode

Lodging Request

Objective for Professional Leave

I understand that I will be expected to write a reflective summary of the leave on the benefits of my attendance. This report will be submitted to my direct supervisor.

If Funeral Leave fill out the section below

Relationship of Deceased
(ie. grandparent, parent, mother-in-law)

Approved

Denied

(Principal)

Date Signed

Approved

Denied

(Superintendent)

Date Signed

 Employee's Signature

____ / ____ / ____
 Date