

REQUEST FOR ASSOCIATION LEAVE

Fill in the shaded areas, print and sign. Shading will not appear on printout.

Name _____ Social Security # _____

Building _____ Date(s) Absent _____

LEA or IEA business: _____

I will not need a substitute

I will need a substitute for _____ (list dates).

NOTE: The Association (LEA or IEA) will reimburse the District for the full cost of the substitute.

Invoice to (name/address): _____

Association Member Signature

LEA President Signature

Please submit form to the Business Manager five (5) days prior to the absence.

If, in extenuating circumstances, the total number of days used exceeds 25, the signature of the Superintendent is required for approval of Association Leave.

Superintendent Signature

