**ESPAÑOLA PUBLIC SCHOOLS**

**REQUEST FOR LEAVE FORM**

Name:

Work Site:

Total Time Requested:

 From:      \_\_\_\_ To:      \_\_\_\_

Annual Leave: \_**[ ]** \_\_

Personal Leave: \_**[ ]** \_\_

Sick Leave: \_[ ] \_\_

School Business: \_[ ] \_\_

Professional: \_[ ] \_\_

Other Leave: \_[ ] \_\_

Specify:

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_10/4/2013\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Destination:       Reason for Travel:      Date of Departure:      \_ Time:       a.m. p.m.Date of Return:       Time:       a.m. p.m.Substitute Cost:       To be paid from:      Per Diem:       Fund/Dept. #:      Transportation/Mileage:       Acct./Program #:      Other (Identify):       Site: Total Estimated Cost:        Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Fill in this portion only if you are requesting out of District Travel and/or Professional Leave.**

\_\_\_\_\_\_There is funding available for the above.

Business Office Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS**

All leave requests must be submitted in a timely manner, to provide for required approval or disapproval action and response to the immediate supervisor and requester. Principals and directors shall disapprove requests at their level if paperwork is not submitted with adequate time. Applicable policy section in **BOLD**.

**ANNUAL LEAVE**: leave should be granted in a manner which will provide for the district’s needs.

**SICK LEAVE:** shall be used at the discretion of the employee during the work year. Sick leave shall be taken ***ONLY*** for

The purpose of illness, physical, disability, or health maintenance of the employee and/or immediate family. A doctor’s excuse is required after the 3rd day per policy.

**PERSONAL LEAVE**: must be requested 4 days prior to date taken per policy.

**JURY DUTY**: shall be granted to employees who are requested to serve as an election official or as a juror. Attachment of an official notice to leave form is required.

**MILITARY LEAVE**: shall be granted with pay when a district employee is ordered to duty for training or active duty. Leave shall not exceed (15) working days per fiscal year. If an employee shall need for extended military duty, (more than 15 working days) leave without pay will be granted. Attachment of an official notice to leave form is required.

**UNPAID**: leave for reasons of pending parenthood, illness, educational advisement or exhaustion of annual or sick

leave may be granted to district employee without pay.

**BEREAVEMENT LEAVE**: may be granted for no more than five (5) days per year for the death of a family member of the employee related through consanguinity (blood related) or Affinity (by marriage) to include: Spouse, Children, Parent, Grandparent, Brother, Sister, Grandchild, or in-law. Leave shall be granted for no more than two (2) days for the death of an Aunt, Uncle, Nephew, or Niece. (Relationship must be stated on leave form.)

**ESTIMATED COST FOR OUT OF DISTRICT TRAVEL AND/OR PROFESSIONAL LEAVE**

**PROFESSIONAL LEAVE**: Requests for professional leave must be made to the Superintendent (designee) through the respective School administrators/programs director. Professional leave is available, for those representing the district in a particular instructional area and/or school business assignment, co-curricular or extra-curricular activity. Submit 2 weeks prior to leave. Leave Involving out-of state travel is subject to approval by the Board of Education at least 3 weeks prior to travel. Submit all pertinent paperwork for out of state travel to the Superintendent’s Secretary. Every employee submitting a request for Out of District Travel and/or Professional leave must state on the form: (1) destination (2) reason for travel (3) intended date & time of departure and return and estimated costs must be provided. If Professional leave is approved, the staff member may be entitled to travel and per diem (included lodging & meals) reimbursement subject to the discretion and approval of the Superintendent. A requisition, for substitutes, per diem, mileage, etc. must be attached to the leave request to encumber funds from the respective site budgets.

**REIMBURSEMENTS**: Per Diem shall be paid for non-overnight if travel extends more than 6 hours BEYOND your normal work day. Per Diem will be as follows beyond normal work day: 2-6 hours $12; -12 hours $20; 12-18 hours $30. Payment will not exceed $30.00. Overnight travel for a full 24 hour cycle is as follows: in state $85; in state special area $135. Out of state (prior board Approval needed) $115; out of state special area $215. (NOTE: If lodging/transportation/etc. is prepaid you will be entitled to claim only $30 per every full 24 hour cycle.) Espanola Public School District employees will not be approved for overnight stays for destinations less than 50 miles away.

Transportation/Mileage shall be reimbursed at .40 cents per mile for private vehicle use, with mileage based on the EPSD standard mileage chart. Use of a school vehicle will eliminate reimbursement for mileage. For reimbursement for parking you must submit an original receipt. Other reimbursements please identify and all receipts will need to be provided. To claim travel reimbursement, you will need to fill out a travel reimbursement request form and attach all required documentation in relation to travel. (a copy of approved out of district form & an agenda; if out of state you need approved out of district form and copy of board minutes, agenda, receipts if pertinent) The employee requesting reimbursement must complete and submit the request form along with travel documentation attached to the Finance Office for processing. No Reimbursements will be paid without receipts.