

WISHKAH VALLEY SCHOOL DISTRICT

REQUEST FOR EXTRA CURRICULAR OR PROFESSIONAL LEAVE

(Please Fill Out Completely)

Employee Name: _____ Leave Date: _____
(Please Print) (In accordance with District Policy and applicable negotiated agreements)

Number of Hours Per Day: _____ Sub Needed? YES NO

Name of Conference/Event: _____

Time Sub Is Needed (please check boxes below)?

Full Day Half Day AM PM

Substitute's Name: _____
(Filled In By Substitute Scheduler)

REASON FOR LEAVE

- Professional Development/Conferences
- Field Trip
- Extra Curricular Event
- Jury Duty
- _____

FUNDING

Estimated Cost: _____
(Please include, travel, fees, subs etc.)

PO #: _____
(Must be included if event has cost involved)

Funding Source #: _____
(Grant #, District Funds etc.)

District=0100 IDEA/Special=2400 Title 1-5100 Title 2=5200 Title V=5204 LAP=5500 LAP HP=5501 High Cap=7400

All leave is subject to approval by Administration. Extra curricular activities, field trips and professional development requests will be approved based on our current staffing needs, funds available, the availability of substitutes and number of employees already scheduled out.

Employee Signature: _____ Date: _____

FOR OFFICE USE ONLY

Verification of Available Funds _____ YES NO
(Signature of Business Manager)

Signature of Building Principal: _____ Date: _____
 APPROVED DENIED

Signature of Superintendent: _____ Date: _____
 APPROVED DENIED