

Logan Elm Local School District
Leave Form

Substitute Report

Name of Substitute _____

Position _____ Dates Worked _____

Total # of Days Worked _____ *Classified Subs Only - # of Hours* _____

Sub. Signature _____ Admin. Signature _____

**Employee Report of Absence and
Request for Personal, Professional, and Other Leave**

<p><u>Sick Leave</u> * Prin./Supervisor sign. * Prin./Supervisor send original to Treasurer and keep copy on file.</p>	<p style="text-align: center;"><u>Personal /Professional/Other Leave</u></p> <p>* Prin./Supervisor and Employee sign purchase requisition for professional leave expenses along with this form. *After leave has been taken, complete and sign substitute report and turn in receipts. Send original to Treasurer and keep copy on file.</p>
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Name of Employee _____

of Days Absent _____ Dates of Absence _____

Cause of Absence _____

How many days of this absence should be charged to your:

Sick Leave _____ Personal Leave _____ Professional Leave _____ Other _____

Requests must be made in advance for Personal, Professional, and Other Leave. Professional request form may be obtained from your supervisor.

Signature of Employee _____ Date _____

Administrative Action
_____ Recommended
_____ Not Recommended

Superintendent
_____ Approved
_____ Not Approved

Principal/Supervisor Date

Superintendent Date