

# PERSONNEL ACTION FORM- Bureau Valley C.U.S.D. #340

\_\_\_\_\_ Printed Name \_\_\_\_\_ Grade/Building \_\_\_\_\_ Date(s) of Absence

FULL DAY                       HALF DAY (AM)                       HALF DAY (PM)

Personal Day(s) \_\_\_\_\_  Vacation Day(s) (12 month Employees) \_\_\_\_\_

Professional Development (Complete Section Below)

Jury Duty (District must be reimbursed for jury stipend) \_\_\_\_\_

Sick Leave -(circle one) ILLNESS or DR.APPT. for (circle one) SELF or ‘IMMEDIATE FAMILY’  
Or FUNERAL (Not immediate family)(1day max.) \_\_\_\_\_

(“Immediate Family Member” is defined as parents, spouse, brothers, sisters, children, grandparents, grandchildren, parents-in-law, brothers-in-law, sisters-in-law, and legal guardians)

Bereavement Leave-(2 days maximum) \_\_\_\_\_  
(Immediate Family Member only as defined above.)

Other Leave (Please explain) \_\_\_\_\_

Substitute Needed?     Yes     No

\_\_\_\_\_ Employee’s Signature

\_\_\_\_\_ Date Submitted

**~COMPLETE THIS SECTION FOR PROFESSIONAL DEVELOPMENT~**

**Attach a completed registration application, for approval by the administration.**

Please check one below.

\_\_\_\_\_ Yes, I registered.

\_\_\_\_\_ Central Office needs to register  
(attach registration form)

\_\_\_\_\_ Title of Activity

\_\_\_\_\_ Location of Professional Development

	Cost	Paid by--- (Office use only)
Registration-(\$0 cost if Atkinson ROE)		
Mileage- (estimate cost for district)		
Other-		

**IF YOU NEED TO CANCEL A ROE WORKSHOP, IT MUST BE DONE AT LEAST 5 WORKING DAYS PRIOR TO WORKSHOP, OR THERE IS A CHARGE TO THE DISTRICT.**

Approved \_\_\_\_\_  
 Denied \_\_\_\_\_ Building Principal

\_\_\_\_\_ Date

Approved \_\_\_\_\_  
 Denied \_\_\_\_\_ Superintendent

\_\_\_\_\_ Date