

LEAVE REQUEST
BUNKER HILL COMMUNITY UNIT SCHOOL DISTRICT #8

NAME _____ DATE _____

TYPE OF LEAVE/ABSENCE:

- SICK LEAVE:**
 - Medical Appointment _____
 - Funeral _____
 - Other _____
- PERSONAL LEAVE** (2 days prior approval required.)
- VACATION**
- JURY DUTY**
- FIELD TRIP** or **ADMINISTRATIVE** or **BHEA**
- WORKSHOP/CONFERENCE** (Please complete reverse side also.)
- LEAVE WITHOUT PAY**

DATE OF LEAVE/ABSENCE _____ 1/2 Day AM PM All Day

SUB REQUIRED _____ 1/2 Day AM PM All Day

Signature _____

Approved Not Approved

Principal's Signature _____

Approved Not Approved

Superintendent's Signature _____

Please complete and submit to building secretary for processing.

BUNKER HILL COMMUNITY UNIT SCHOOL DISTRICT #8

Before any workshop/conference reservations can be made, this form should be completed and returned to the building secretary for processing.

TITLE OF WORKSHOP/CONFERENCE _____

DATE/S OF WORKSHOP/CONFERENCE _____

TIME OF WORKSHOP/CONFERENCE _____

LOCATION OF WORKSHOP/CONFERENCE _____

NATURE/PURPOSE OF WORKSHOP/CONFERENCE _____

APPLICANT TEACHING AREA _____

COST OF WORKSHOP/CONFERENCE _____

OVERNIGHT LODGING REQUIRED _____

ACCOUNT TO BE TAKEN OUT OF _____

Please attach brochure, bulletin, etc. and registration form.

Reservation and payment will be made at the time of approval. Please be sure to attach all information.