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.
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.