

Non-Certified E-Learning Day Time Claim Form

Name: _____

Date: _____

E-Learning Date: _____

Type of Hours being used:

- Personal Hours: _____
- Sick Hours: _____
- Makeup hours (Custodial Department)* Hours: _____

*only an option for employees who have exhausted available leave

Employee

Date

Superintendent

Date

****Due to the Superintendent within one week of the event (7 calendar days) or one week (7 calendar days).**