Natchitoches Parish School Board

Application for Vacation, Sick, Jury Duty, Personal, or Professional Leave

RESET FORM | SAVE AS... | PRINT FORM

PRINT OR TYPE NAME:_____

TYPE OF LEAVE:

☐ **Vacation**

☐ **Jury Duty** (Documentation of payment or non-payment by Natchitoches Clerk of Court's office must be attached to time sheet.)

☐ **Sick** (With pay until exhausted. Doctor's certification must be attached to this request form for 6 or more consecutive days.)

☐ **Personal** (ALLOWED TWO DAYS ***ONLY*** PER YEAR WITH PAY. Personal leave days may be used for any reason, but must be requested on this form in advance.)

☐ **Professional** - Check one: ☐ Required ☐ Requested

Please indicate the number of professional leave days used this fiscal year (July 1 - June 30) below:

In-State ☐ **Out-of-State* ☐

All requests for professional leave must be accompanied by printed information on the meeting to be attended. Application will be returned if this information is not attached.

*****OUT-OF-STATE TRAVEL MUST BE REQUESTED 30 DAYS IN ADVANCE OF THE NEXT BOARD MEETING***.
The request must be submitted to the executive secretary by the 20th of the month prior to the month the approval will be voted on by the Board (i.e., Travel on Dec. 1 must be submitted by Oct. 20 in order to be voted on in Nov.)
Telephone polls of Board Members are not permitted.

Effective Date of Leave: ☐ / ☐ / 20 ☐ **Date of Conference/Workshop:** ☐ / ☐ / 20 ☐

Departure Time: ☐ ☐ AM ☐ PM **Start Time:** ☐ ☐ AM ☐ PM

Date of Return to Work: ☐ / ☐ / 20 ☐ **Date of Return to Domicile:** ☐ / ☐ / 20 ☐

Arrival Time: ☐ ☐ AM ☐ PM **Arrival Time:** ☐ ☐ AM ☐ PM

Number of Nights Lodging Requested: ☐ **LOCATION:** ☐

REASON FOR REQUESTING LEAVE:

☐

Do you plan to request reimbursement? ☐ YES ☐ NO **What funding source?** ☐

Is a substitute required? ☐ YES ☐ NO **What funding source?** ☐

Date Submitted: ☐ / ☐ / 20 ☐ **Applicant's Signature:** _____

School or Program: _____ **Principal's or Supervisor's Signature:** _____

INCOMPLETE LEAVE FORMS WILL BE RETURNED WITHOUT APPROVAL

(FOR CENTRAL OFFICE USE ONLY)

Board Approval Date (for out-of-state): _____ / _____ / 20_____ *Disapproved:* _____ / _____ / 20_____

Copy Sent to School: _____ / _____ / 20_____

*Comments:*_____

_____ _____

Program Administrator *Superintendent* *(rev. 03/09)*

NPSB | 310 Royal Street | P.O. Box 16 | Natchitoches, LA 71457-0016 | Phone: (318) 352-2358 | FAX: (318) 352-8138 | www.nat.k12.la.us