

SIDNEY CITY SCHOOLS APPLICATION FOR LEAVE

Name of Applicant

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Aux Services | <input type="checkbox"/> Northwood | <input type="checkbox"/> SMS |
| <input type="checkbox"/> BOE Building | <input type="checkbox"/> Service Center | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Emerson | <input type="checkbox"/> SAS | <input type="checkbox"/> Whittier |
| <input type="checkbox"/> Longfellow | <input type="checkbox"/> SHS | <input type="checkbox"/> Other _____ |

Date of Application: _____

Number of Days Requested: _____

Actual Date(s) used/requested (if partial days, please indicate AM or PM)

Type of Leave (Check one)

- Association Leave
- Jury Duty */ Court Subpoena**
- Sick Leave
- Personal Leave w/Pay
- Personal Leave w/out Pay
- Professional Leave (complete form on reverse side of application)
- Vacation

*Attach a copy of the notice to report for jury duty and send any compensation checks for jury duty to the treasurer's office.

**Attach copy of subpoena.

Department

- Administration
- Classified, Non-OAPSE
- OAPSE Bargaining Unit
- SEA Bargaining Unit

Sick Leave: By signing below you are making application for sick leave as provided in Revised Code 3319.141 and that the use of such sick leave is justified for the following reasons:

1. Reason for Use of Leave:

- A. _____ Personal Illness
- B. _____ Personal Injury
- C. _____ Exposure to Contagious Disease
- D. _____ Medical Appointment (Self)
- E. _____ Illness or Injury (Immediate Family)
- F. _____ Death (Immediate Family)
- G. _____ Medical Appointment (Immediate Family)
- H. _____ Catastrophic Illness or Injury of immediate family (use personal leave box to explain nature of the illness or injury.)

2. If "E", "F", "G" or "H" is checked, please give the name, address and relationship of such members in your immediate family. Immediate Family is defined in contract/policy language.

Name _____

Address _____

Relationship _____

PERSONAL LEAVE - Use this space to describe emergency situations (if needed):

Applicant's Signature

Date

Supervisor's Signature

Date

Superintendent's Signature

Date

- Approved Disapproved

Sidney City Schools Professional Leave Information

Name of Applicant _____

Meeting to be Attended _____

Location _____

Dates Inclusive of Travel _____

1. Complete the following table with your estimated expenses:

EXPENSES TO BE REIMBURSED:	ESTIMATED	ACTUAL
Transportation by _____, Miles _____		
Tolls, Parking, Taxi, etc. <i>RECEIPTS REQUIRED</i>		
Lodging <i>BILL or RECEIPTS REQUIRED</i>		
Registration Fee <i>RECEIPTS REQUIRED</i> (or copy of personal check – front & back)		
Meals: Number _____ <i>ITEMIZED RECEIPTS REQUIRED</i>		
Other: Specify _____		
TOTAL		

Is this expense to be paid from other than General Fund?

Yes or **No**
(please circle one)

Record PO# before submitting actual cost for reimbursement
PO # _____

If yes, what fund? _____

Is a substitute needed? _____ (please mark dates on the other side of this form)

2. Follow these directions to have registration fee paid in advance:

- a) Submit a copy of this form, a completed registration form and a requisition form made payable to the sponsor of the meeting. **These items must be submitted to your building principal at least 3 weeks in advance of the meeting time in order for this to happen.**
- b) Or – pay the registration fee yourself and add it to your list of reimbursement items.

3. Follow these directions to have registration fee paid in advance:

- a) **Before attending the meeting**, a requisition payable to the employee must be stapled to this request in order to encumber an amount for reimbursement. The amount of the requisition should equal to the total of the "ESTIMATED" column unless you completed a separate request for advance payment of the registration fee. This requisition should be given to your building principal for initial approval.

- b) **When returning from your meeting**, request your *Professional Leave Request Form*, fill out the “ACTUAL” column, attach all itemized receipts and bills. Reimbursement cannot be made for entertainment expenses, alcohol, or tips. This information along with the pink copy of the purchase order will be submitted to the Treasurer’s office for payment.

**** Office Personnel will send a copy of this form to the Curriculum Office ****