



# LEAVE REQUEST FORM

PHONE: (402) 287-2061

FAX: (402) 287-2065



Name: \_\_\_\_\_ Department: \_\_\_\_\_

*Five (5) days advance notification is required.*

Leave Date(s)	Day(s)	Type	Comments
		PERSONAL	
		VACATION	
		UNPAID	
		OTHER	

		PROFESSIONAL*	
		ADMINISTRATIVE*	
		GRANT* (specify grant)	
		STATE SPONSORED*	
		SPECIALTY TEAM* (specify team)	
		DISTRICT REQUEST* (attach district request)	District Name: _____

*\*Complete the additional information below.*

### Funding Source:

Professional

Administrative

Grant

District Request

Specialty Team

State Sponsored

Event Name: \_\_\_\_\_

Location: \_\_\_\_\_

Reason for Attending: \_\_\_\_\_

**FLYER AND/OR AGENDA MUST ACCOMPANY REQUEST FOR LEAVE.**

### Estimated Cost and Details:

Departure Date and Time: \_\_\_\_\_ Return Date: \_\_\_\_\_

Auto Miles \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
# of Miles Rate Mileage \$

Airfare \_\_\_\_\_ Lodging \_\_\_\_\_  
# of Nights Per Night Total

Registration Fee: \_\_\_\_\_ Other: \_\_\_\_\_

Are meals provided in registration cost? Yes No

*Reimbursement is subject to Business Travel Expense Guidelines.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leave Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_