

**SEDONA-OAK CREEK UNIFIED SCHOOL DISTRICT  
LEAVE REQUEST**  
*(This form must be filled out in advance for any time off except sick-leave)*

Name: \_\_\_\_\_ Certified or Classified # of Days \_\_\_\_\_

Campus: \_\_\_\_\_ Dates: \_\_\_\_\_

**PURPOSE OF REQUEST:**

Sick Time       Vacation Time       Military or Jury Duty       Personal Day  
 Bereavement – Relationship: \_\_\_\_\_ Other: \_\_\_\_\_  
 Professional (Must attach *completed* copy of registration material)

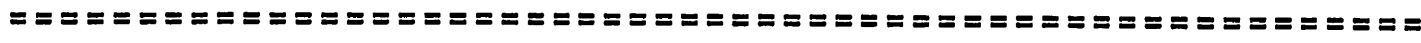
Substitute required:  yes  no      requested: \_\_\_\_\_ reserved: \_\_\_\_\_

**REQUEST FOR REIMBURSEMENT:** (Must furnish receipts for all but mileage reimbursements)

Travel Expense:  By Car       By air      Estimated Amount \$ \_\_\_\_\_  
 Lodging:      Number of nights \_\_\_\_\_ Room rate \$ \_\_\_\_\_      Estimated Amount \$ \_\_\_\_\_  
 Meals:      Number of Breakfasts \_\_\_\_\_ Lunches \_\_\_\_\_ Dinners \_\_\_\_\_      Estimated Amount \$ \_\_\_\_\_  
 Registration Fees      Estimated Amount \$ \_\_\_\_\_  
 Mileage Reimbursement: Number of miles \_\_\_\_\_ X .345      Estimated Amount \$ \_\_\_\_\_  
**Total Estimated Amount \$ \_\_\_\_\_**

\_\_\_\_\_  
**SIGNATURE OF EMPLOYEE**

\_\_\_\_\_  
**DATE**



**PRINCIPAL/ SUPERVISOR:**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PRINCIPAL/ SUPERVISOR**

\_\_\_\_\_  
**DATE**



**DISTRICT OFFICE/ SUPERINTENDENT:**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF SUPERINTENDENT**

\_\_\_\_\_  
**DATE**