

## DEERFIELD USD #216 LEAVE FORM

Today's Date \_\_\_\_\_ Employee Name \_\_\_\_\_

Sick/Bereavement \_\_\_\_\_ School Activity \_\_\_\_\_  
 (Indicate one) **DATE** (Please List Activity) **DATE**

In District Work time \_\_\_\_\_  
 (Example: NCA, PDC, Curriculum, etc. – Please list Activity? **DATE**

Personal \_\_\_\_\_ Other ( \_\_\_\_\_ ) \_\_\_\_\_  
**DATE** **DATE**

Without Pay \_\_\_\_\_ Vacation \_\_\_\_\_  
**DATE** **DATE**

Substitute Needed Yes \_\_\_\_\_ No \_\_\_\_\_ Time Out \_\_\_\_\_ Time Back In \_\_\_\_\_

Conference Name \_\_\_\_\_  
*(attach a copy of the registration form with itinerary)*

Conference/In-service Dates \_\_\_\_\_ Time(s) \_\_\_\_\_

Location of Conference \_\_\_\_\_

Conference Registered? Yes \_\_\_\_\_ No \_\_\_\_\_ Lodging Preference Requested \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Type of Room (S, DBL, Q, or K) \_\_\_\_\_ Smoking \_\_\_\_\_ Non-Smoking \_\_\_\_\_

**Note: The District Office will make lodging arrangements as per the above instructions**

- An employee must call the Substitute Coordinator to report absences due to illness, giving an approximate date the employee will return to work. Substitute Coordinator will notify the appropriate principal.
- **Requests for personal leave for Certified Staff must be turned into the appropriate office (GS/MS/HS) fourteen days in advance. Classified Staff must have leave form turned in one week in advance.**
- In the event of an approved conference leave, ample time is needed to complete travel plans, accommodations, and registration arrangements.
- All leaves are subject to the terms and conditions set forth in the USD #216 Employee Handbook
- There is a probationary period of three months upon employment with the district for classified employees. During this probationary period, there will be no **paid leave**.

**FOR OFFICE USE ONLY:**

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_, Building Principal or other designate

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_, Superintendent or other designate

SUBSTITUTE VERIFICATION \_\_\_\_\_, SUBSTITUTE COORDINATOR \_\_\_\_\_ 09/13