



FAIRFIELD LOCAL SCHOOL DISTRICT
 11611 State Route 771
 Leesburg, Ohio 45135
 (937) 780-2221

APPLICATION FOR LEAVE

EMPLOYEE NAME	DATE OF APPLICATION
NUMBER OF DAYS (WHOLE OR HALF DAYS)	ACTUAL DATES (PLEASE DESIGNATE AM OR PM IF HALF DAY)

SICK LEAVE # of Days: _____ Dates: _____

Employee Personal Illness (describe illness)

Family Personal Illness or Death (name, relationship, illness or reason)

 Name and Address of Physician Consulted

 Employee Signature Date

LEAVE W/O PAY # of Days: _____ Dates: _____

PERSONAL LEAVE # of Days: _____ Dates: _____

VACATION # of Days: _____ Dates: _____

JURY DUTY # of Days: _____ Dates: _____

COMP. TIME # of Days: _____ Dates: _____

PROF. LEAVE # of Days: _____ Dates: _____

Vendor: _____ PO#: _____

Name of Seminar/Meeting	Purpose	Location

Board Prepaid Registration (Attached Completed Form)	Employee Expenses to be Reimbursed (Attach Receipts)			Total Amount Approved by Principal/Supervisor
	Travel	Food	Lodging	

Account Codes			
Expenses:		Substitute:	

 Grant Coordinator (if applicable) Date Principal/Supervisor Date Superintendent Date

Print completed Application and forward to your Supervisor/Principal then to the Superintendent for approval.
 Please retain a copy for your records.