

South Central Kansas Special Education Cooperative
REQUEST FOR LEAVE OF ABSENCE
(do **not** use this form for sick leave)
COMPLETE ALL INFORMATION

Employee will file completed request with supervising Principal.
Principal will forward to SCKSEC Administration.

Employee Filing Request _____
Date(s) Leave of Absence Requested _____

Type of Leave: () Personal; () Professional; () Association; () Employee; () Other

Briefly State Reason(s) for the Requested Leave of Absence: **Include name of conference/meeting/activity**

For Professional Leave:

- **Attach copy of agenda**
- **How does the workshop apply to your SCKSEC Professional Development Plan?** _____

- **Is the workshop related to your building's school improvement process?** _____
- **Explain:** _____
- **Names of regular education staff attending the workshop with you as a team:** _____

- **List expenses you wish to have considered for reimbursement or paid in advance by SCKSEC:**

Signature of Employee/Date

Principal's Initials/Date

FOR SCKSEC ADMINISTRATORS' USE ONLY:

Signature of SCKSEC Director/Assistant Director

The above named employee has been granted an approved leave of absence with no deduction in salary.
Please arrange for a substitute (if applicable).

The above named employee has been granted an approved leave of absence at a(n) (Hourly/Daily)
deduction in salary. (Teacher's Daily Rate of Deduction = \$ _____)

The above request is denied: _____

The following expenses will be reimbursed to the employee upon receiving proper receipts at SCKSEC:

The following expenses have been/will be **prepaid** by SCKSEC for the above named employee:

A copy of this document will be returned to the employee. SCKSEC USE ONLY: P.O. OR CHECK #: _____
DATE PROCESSED: _____

**AN ABSENCE REPORT MUST FOLLOW UP THIS REQUEST AFTER TIME HAS
ACTUALLY BEEN TAKEN.**