

Bemidji Regional Interdistrict Council
REQUEST FOR LEAVE – TEACHERS ONLY

Name: _____

Date: _____

Type of Leave Requested:

_____ Sick (Also Includes Bereavement
Leave for 3rd Degree of Kindred)

_____ Professional (See Below)

_____ Leave w/o Pay

_____ Personal / Vacation

_____ Bereavement
(1st & 2nd Degree of Kindred Only)

_____ OTHER

Explanation: _____

Date & Time of Absence: _____ Total Days: _____ **OR** Total Hrs: _____

Will a substitute be needed, or in case of sick leave, was substitute needed? _____

PROFESSIONAL LEAVE:

Please estimate expenses and attach registration form & workshop/conference description.

_____ I will register myself. _____ Please register me for this workshop/conference.

If lodging is necessary: _____ I will arrange my own lodging. _____ Please arrange lodging for me.

Special Lodging Requests: _____

Estimate Cost of Transportation: _____

Estimate Cost of Lodging: _____

Estimate Cost of Meals: _____

Cost of Registration: _____

_____ Approved with Pay IF Leave Available --
If no leave available, approved without Pay

_____ Not Approved

NOTES:

Program Supervisor: _____

Date: _____

_____ Approved with Pay IF Leave Available --
If no leave available, approved without Pay

_____ Not Approved

NOTES:

Director: _____

Date: _____

August 2020