

**TEMPORARY SCHOOL ACTIVITY LEAVE REQUEST FORM
WINSTON COUNTY BOARD OF EDUCATION**

Double Springs, Alabama

NOTE: Request for temporary school activity leave must be submitted at least 3 days prior to the anticipated leave date. Temporary leave request for more than three (3) days must be submitted 20 days prior the anticipated leave date and must be recommended by the Superintendent and approved by the Board.

Name _____

School/Work Site _____

I hereby request leave from my official duties based on the following information: (explain in full)

Number of Day(s) employee to be absent: _____ Date(s): _____

Signature: _____ Date _____
Employee

TO BE COMPLETED BY THE PRINCIPAL/WORK SITE SUPERVISOR

Leave Approved: ___ Yes ___ No If yes,
Is substitute requested? ___ Yes ___ No
Will local school funds pay for substitute? ___ Yes ___ No If yes, Activity # _____
Will employee pay Central Office for substitute? ___ Yes ___ No
Will travel be paid from local school funds? ___ Yes ___ No If yes, Activity # _____
Substitute will be paid from other funds: (Specify) _____

Principal/Supervisor Signature _____ Date _____

SUPERINTENDENT APPROVAL

Leave Approved: ___ Yes ___ No
If yes,
Approved with substitute to be paid as stated above. ___ Yes ___ No
Approved with travel to be paid as stated above. ___ Yes ___ No
Approved with the following exceptions to the methods of payment stated above:

Superintendent's Signature _____ Date _____

For Central Office Use Only

Payroll Code for Substitute ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____