WAKULLA COUNTY SCHOOL BOARD PERSONNEL DEPARTMENT LEAVE REOUEST FORM

INSTRUCTIONS: Employee completes all applicable items and gives to supervisor. Supervisor should indicate activities approved for reimbursement and forward to the District Office. Use separate form for each type of leave requested. Name: ______ School/Work Center _____ Hours requested: _____ Dates_____ Leave Requested: □ With Pay □ Without Pay Type of leave requested (check one). See page 2 for descriptions of leave types. □ SICK ☐ FAMILY / MEDICAL LEAVE ☐ MILITARY ☐ PERSONAL (With Pay) □ ANNUAL / VACATION □ PERSONAL (Without Pay) □ ILLNESS IN LINE OF DUTY □ WITNESS (Attach copy of subpoena) ☐ BEREAVEMENT LEAVE ☐ TEMPORARY DUTY ☐ JURY DUTY ☐ STUDENT EXPOSURE (Give details below) (Attach copy of jury summons) EMPLOYEE SIGNATURE: _____ DATE: ____ COMPLETE WHEN APPLYING FOR TEMPORARY DUTY (SEE INSTRUCTIONS ON PAGE 2) Title of Meeting/Purpose: Meeting Begins: / / Time: Expected Departure: / / Time: Meeting Ends: ____/___ Time: _____ Expected Return: ____/___ Time: _____ Location: _____ Mode of Travel: _____ List names of other employees attending same meeting: If car pooling, list names of people in car pool and circle name of driver: Check items for which reimbursement will be requested: ☐ Mileage ☐ Air Fare ☐ Per Diem ☐ Meals & Hotel ☐ Registration ☐ Meals Other:_____ **SUPERVISOR APPROVAL** (Check applicable items): NOTES ☐ Air Fare ☐ Mileage ☐ Meals & Hotel CHARGE EXPENSE TO: ___ ☐ Per Diem ☐ Substitute ☐ Registration (Signature required) ☐ Meals □ Other: _____ Approved: ☐ Yes ☐ No ☐ With Pay ☐ Without Pay Supervisor's Signature Date REQUEST APPROVED: □ NO □ WITH PAY \Box YES

WMIS PR344 11/99, 02/08, 06/09, 04/15, 06/19, 09/20

DATE

SUPERINTENDENT'S SIGNATURE

DESCRIPTIONS

SICK LEAVE / 6.549	For illness of employee or immediate family. Charged to accrued sick leave. Turn request into principal/director for submission with payroll report. Doctor's statement required for extended sick leave request.
PERSONAL LEAVE (WITH PAY) / 6.546	Charged to accrued sick leave. Personal leave must be requested in advance with the exception of emergency personal leave.
PERSONAL LEAVE (WITHOUT PAY) / 6.546	Employees may be granted personal leave without pay by the school board. This leave will protect the contractual status of the person involved for the period of the contract. Reapplication is the responsibility of the employee. Leave of absence for an extended period of time will not be granted to accept employment elsewhere.
FAMILY AND MEDICAL LEAVE / 6.542	A type of sick, paid or unpaid personal, leave for the purposes set forth in School Board Policy 6.542.
ANNUAL OR VACATION / 6.541	Annual / Vacation leave is earned by personnel on twelve-month contracts as set forth in School Board Policy 6.541.
WITNESS AND JURY DUTY / 6.544	May be used when an employee is under subpoena for witness or jury duty as set forth in School Board Policy 6.544. If court attendance is due to personal litigation, then Personal Leave should be requested.
ILLNESS IN LINE OF DUTY / 6.543	Personal injury occurring in discharge of duties as set forth in School Board Policy 6.543. Notify Administrator / Supervisor as soon as the injury occurs.
TEMPORARY DUTY / 6.55	Temporary assignment away from employee's regular duty and place of employment for purpose of performing other educational services or duties. Temporary duty should be submitted prior to absence.
MILITARY / 6.545	Granted to employees called to active duty as prescribed in School Board Policy 6.545. Submit request immediately upon notification.

INSTRUCTIONS FOR TEMPORARY DUTY

If the meeting to be attended is a conference, convention or workshop, attach a copy of the meeting agenda. If this is an inservice activity, submit form WMIS SD337, Individual In-service Request then form WMIS SD338, Individual In-service Report will be sent to you. Complete form WMIS SD338 upon return. If reimbursement is to be received, submit Form WMIS FI180, Voucher For Reimbursement of Travel Expenses, upon return.

TRAVEL REIMBURSEMENT

General Information: Employees on TDY may request reimbursement for mileage, hotel, meals, tolls, taxis, parking, registration and other reimbursable expenses. Requests for TDY's should be submitted to the Superintendent two days in advance. Upon return to his/her regular work assignment, receipts/documentation must be submitted along with form WMIS 180, Reimbursement for Travel.

Overnight TDYs: Employees on approved overnight TDY should request either per diem **OR** hotel plus meals. Form WMIS FI180, Reimbursement for Travel and receipts should be submitted upon return. The Finance Office will compute the cost of per diem and the cost of hotel plus meals and will pay the employee the greater amount.

Employees Sharing a Room: The name of each employee requesting reimbursement for a hotel room <u>must</u> be printed on the hotel bill. When two or more employees share a hotel room, hotel costs will be prorated equally amongst those sharing the room.

SEE PERSONNEL HANDBOOK FOR MORE INFORMATION ON REIMBURSEMENT