



JAMES RIVER SPECIAL EDUCATION COOPERATIVE

207 2nd Ave SE – PO Box 1896

Jamestown, ND 58401

PHONE 701.252.3376 FAX 701.251.2504



CERTIFICATED TEACHING STAFF LEAVE REQUEST APPLICATION

NAME: _____ BASE SCHOOL: _____

TODAY'S DATE: _____ LEAVE DATE(S) REQUESTED: _____

TYPE OF REQUESTED LEAVE- Check the appropriate leave below.

Personal Leave

Sick leave

Emergency Leave

Jury Duty

Other (list) _____

Professional Leave (requires prior approval from the Director's office before attending)

JRSEC Office Use Only

Date Received _____

NOTE: If possible, all leaves shall be approved in advance, which will allow administration time to find substitutes if needed. Leave may be denied due to the inability of finding substitute teachers.

Written explanation of requested leave (no explanation needed if personal leave checked):		
Supervisor's Signature:		
Comments:		
_____ Approved	_____ Approved on Condition	_____ Disapproved

ADMINISTRATOR'S OR DESIGNEE'S SIGNATURE: _____

INDICATE YOUR REIMBURSEMENT REQUEST BELOW

Description	Requested	Unit Approval	Estimated Amount
Substitute Salary	Yes No	Yes No	\$
Registration Fees	Yes No	Yes No	\$
Mileage – State Rates	Yes No	Yes No	\$
Meals – State Rates	Yes No	Yes No	\$
Lodging – State Rates	Yes No	Yes No	\$
Miscellaneous (List)	Yes No	Yes No	\$
Estimated Total			\$

PROCESS FOR CLAIMING REIMBURSEMENT OF EXPENDITURES

Complete a travel voucher form and submit to the James River office for processing.

TURN COPY INTO YOUR SUPERVISOR OR DIRECTOR AT JRSEC OFFICE. LEAVE REQUEST FORMS NEED TO BE SUBMITTED TO THE JAMES RIVER OFFICE WITHIN THE MONTH OF LEAVE REQUESTED OR EARLIER.