TRI-COUNTY SPECIAL EDUCATION INTERLOCAL NO. 607
P. O. BOX 668
INDEPENDENCE, KANSAS 67301

White - Board Clerk
Yellow - Personnel File
Pink - Employee
Goldenrod - Building Principal

Request for Personal Business or Professional Leave

Note: This request must be received by the Cooperative Director, signed by the employee and the building administrator, at least seven (7) days in advance of anticipated leave unless an emergency arises. Upon approval/disapproval of request, the Director will forward the finalized request to the employee/building principal. Requests should be submitted as early as possible. Requests may be denied if there is not sufficient time to secure a substitute or make other necessary arrangements.

A. Name_____

B. Reason for absence: _____ Professional convention, meeting, etc. Date:_____

_____ District or Coop Request

_____ Teacher Request

_____ Personal Business Date:_____

C. Title of conference or workshop:_____Sponsoring Agency:_____

D. Location of meeting:_____Method of Transporation:_____

E. Explain why you want to attend and how you will implement or share what you learn:

_____

_____

_____

F. List expenses you are requesting Tri-County to pay:_____

_____

G. Will you need a substitute to be paid by Tri-County?_____

Dates substitute will be needed:_____

Date:_____ _____

Employee

Date:_____ ____Approved:_____

Director, Tri-County Cooperative #607

____Disapproved _____IDP ____Inser. Reimbursement

Date:_____ ____ Approved:_____

Building Principal

_____Disapproved

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