

RICHMOND COUNTY PUBLIC SCHOOLS

P.O. Box 1507 · Warsaw, Virginia 22572 ·804-333-3681

LEAVE REQUEST

NAME: _____

DATE: _____

DATE(s) LEAVE REQUESTED: _____

TYPE OF LEAVE REQUESTED: _____ Vacation _____ Sick _____ Personal _____ Without Pay
_____ Professional/School Activity (complete form on back)

SICK LEAVE

_____ Personal Illness

_____ Illness in Family – relationship _____

Family includes spouse, child, parent, sibling, or any other relative living in the immediate household. Not to exceed three days for any one illness.

_____ Death in Immediate Family – relationship _____

Immediate family is defined as natural parents, stepparents, foster parents, grandparents, grandchildren, spouse, children, brother, sister, aunt, uncle, mother-in-law, father-in-law, sister-in-law, son-in-law, daughter-in-law, and any other relative living in the household of the employee. Not to exceed three days in any one case. For the death of a parent (employee's or spouse's), spouse or child of the employee, the employee may take an additional two days to be charged as sick leave.

_____ Jury Duty

PERSONAL LEAVE

_____ Paid Day (3 per yr/Professional Staff - 1 per yr/Support Staff)

Personal Leave:

- 1. Is earned during the fiscal year July 1 – June 30. Full-time professional staff earn three days per year and full-time support staff earn one personal day per year.
2. Cannot be used prior to or immediately following a holiday, unless there is an unusual circumstance. Each case will be handled individually and must be explained in detail.
3. May be used whenever it is impossible to use sick leave, i.e., funerals of friends, personal appointments, etc.
4. Must be approved by the principal as far in advance as possible. If more than one employee requests this leave the same day, the principal and employees involved should work out an agreement, before these requests are submitted to the superintendent.
5. May not be used to perform work for payment, i.e. advisory or consulting jobs.
6. Personal leave that is unused at the end of the school year will be converted to sick leave.

For Office Use Only - Funded by: _____ Federal Grant (Type _____) _____ SBO Budget _____ School Acct.

PROFESSIONAL LEAVE

Requests for professional leave must be received in the Superintendent's office seven (7) days prior to the registration deadline. Failure to adhere to this schedule will reduce the possibility of attending.

Description of school activity, conference, workshop, seminar, etc. (attach supporting documentation)

Destination/Location

Estimated Summary of Expenses

1. REGISTRATION – payable to _____ \$ _____
2. LODGING – In certain situations advance payment for first night's lodging is required. This information is usually obtained from the brochure/program. If this information is unavailable, the individual requesting leave is responsible for contacting the hotel. \$ _____
3. FOOD- A per diem rate of \$40 (including tax and gratuity) has been established with suggested individual meal rate of Breakfast \$8; Lunch \$12; Dinner \$20. Itemized receipts need to be submitted with travel. If registration includes meals they will be deducted from the daily rate.

Breakfast _____@ \$8.00 # Lunch _____@ \$12.00 # Dinner _____@ \$20.00 Total \$ _____
4. TRANSPORTATION – Make arrangements with Bus Garage in advance to secure a county car. Use of a personal vehicle must be approved in advance.
5. OTHER EXPENSES – receipts must be submitted for any additional expenses such as tolls, parking, etc. to be reimbursed. \$ _____

Upon completion of the professional leave, the employee shall submit a travel reimbursement form with all appropriate receipts to the School Board Office.

SUBSTITUTE'S NAME _____	DATE _____
SUBSTITUTE'S NAME _____	DATE _____
SUBSTITUTE'S NAME _____	DATE _____

EMPLOYEE'S SIGNATURE

DATE

PRINCIPAL'S RECOMMENDATION _____ Approved _____ Disapproved

Comments _____

Signature _____ Date _____

SUPERINTENDENT'S RECOMMENDATION _____ Approved _____ Disapproved

Comments _____

Signature _____ Date _____