

**W-M Instructional Staff Leave Request / Absence Report**

\_\_\_\_\_  
Staff Member \_\_\_\_\_ Date

Date of Absence	MTWTF	AM	PM	Substitute/Cover

Reason / Explanation	

**Professional Leave**

Conference / In-Service (title)	Location	Total Hours	Category (Circle)
			School Improvement Mentoring Workshop Conference Extracurricular Highly Qualified Status Administrator Professional Dev. Continuing Education

\_\_\_\_\_  
Signature of Staff Member \_\_\_\_\_ Date

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Approval                      YES      NO

Leave Classification              Personal Illness              Family Illness              Funeral Leave

   Personal Business              Comp Day              Professional Leave

   Leave w/out Pay              Supervision

\_\_\_\_\_  
Signature of Administrator \_\_\_\_\_ Date

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**Pay Deduction Statement**

Reason/Explanation	

\_\_\_\_\_  
Signature of Superintendent/Designee \_\_\_\_\_ Date