

# Classified Leave/Absence Report

Revised  
06/10

Fax : 785-543-6654

**NCKSEC Interlocal 636**  
P.O. Box 369, Phillipsburg, KS 67661  
[www.ncksec.net](http://www.ncksec.net)

Phone: 785-543-2149

Name \_\_\_\_\_ USD \_\_\_\_\_ ES MS/JH HS

**All** absences must be reported to NCKSEC on a Leave Sheet.

Check One:	Leave Reason:	Date(s) of Absence	Specify Time Absent		Sub
			Hours	Minutes	Y N
<b>1.</b>	<b>Sick Leave (Self/Family)</b>				
<input type="checkbox"/>	Additional Days Sick				
<input type="checkbox"/>	Additional Days Sick				
<input type="checkbox"/>	Additional Days Sick				
<input type="checkbox"/>	Additional Days Sick				
<b>2.</b>	<b>Bereavement/Funeral</b>				
<b>3.</b>	<b>Personal Leave</b>				
<b>4.</b>	<b>FMLA</b>				
<b>5.</b>	<b>Jury Duty</b>				
<b>6.</b>	<b>Other -</b>				
<b>7.</b>	<b>Inservice/Professional</b>				
Inservice Activity:					
Inservice Location:					
<b>Check Requested Expenses Below <u>or</u> <input type="checkbox"/> No Expenses Requested</b>					
<input type="checkbox"/> Registration: \$ <input type="checkbox"/> Sent by Employee <u>or</u> <input type="checkbox"/> NCKSEC Send Attached Form					
<input type="checkbox"/> Meals: \$                      \$30/Day Limit; <b><i>Detailed receipt required for reimbursement</i></b>					
<input type="checkbox"/> Mileage: \$ <input type="checkbox"/> Carpooling <input type="checkbox"/> Driving <input type="checkbox"/> USD _____ will provide vehicle					

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
\*Email Address. *Approval will be emailed.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Principal Signature

## NCKSEC Office Use Only

**Account Number:**

____ Leave Approved	Registration:	
____ Approved to attend Inservice & receive reimbursement	Travel:	
____ NOT approved	Meals:	
Director Signature:	Substitute:	

If leave is not taken, please notify the NCKSEC office or it will be recorded.