

**SOUTHEAST DUBOIS COUNTY SCHOOL CORPORATION**  
**Leave of Absence Form for Certified Staff**

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Absence: \_\_\_\_\_

If Absence is 1/2 day indicate AM or PM below.

Check Reason:

\_\_\_\_\_ Sick

\_\_\_\_\_ Illness in the family

Circle One Spouse child stepchild parent

\_\_\_\_\_ Bereavement

Circle One Parent sibling spouse child stepchild  
In-law grandchild grandparent aunt/uncle

\_\_\_\_\_ Personal Day

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Professional Day/Please complete information below:

Meeting/Workshop: \_\_\_\_\_

Location of Meeting/Workshop: \_\_\_\_\_

FOR PROFESSIONAL LEAVES ONLY

ANTICIPATED EXPENSES:

REGISTRATION \_\_\_\_\_

MILEAGE \_\_\_\_\_

LODGING \_\_\_\_\_

FOOD \_\_\_\_\_

TOTAL \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

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

Superintendent Signature: \_\_\_\_\_