

LATTA SCHOOLS
INSTRUCTIONAL LEAVE REQUEST

Employee(s)

Workshop, event meeting, etc. to be attending:

Place: _____

Date(s): _____

Time: From _____ To _____

Justification: _____

Leave will require the following:
(To be completed by principal/supervisor/designee)

Please check
appropriate
area(s)

Payment from:

_____ Sub _____

_____ Mileage _____

_____ Meals _____

_____ Lodging _____

_____ Registration
Fees _____

_____ Registration
Supplies, etc. _____

Comments: _____

Principal/Supervisor Signature & Date

District Approval Signature & Date