



EDUCATIONAL SERVICE UNIT ONE

211 TENTH STREET
WAKEFIELD, NE 68784

PHONE: (402) 287-2061

FAX: (402) 287-2065

www.esu1.org



Leave Request Form

Name: _____ Department: _____

Five (5) days advance notification is required.

Leave Date(s)	Day(s)	Type	Comments
		PERSONAL	
		VACATION	
		UNPAID	
		OTHER	

		PROFESSIONAL*	
		ADMINISTRATIVE*	
		GRANT* (specify grant)	
		STATE SPONSORED*	
		SPECIALTY TEAM* (specify team)	
		DISTRICT REQUEST* (attach district request)	

**Complete the additional information below.*

Funding Source:

Professional

Administrative

Grant

District Request

Specialty Team

State Sponsored

Event Name: _____

Location: _____

Reason for Attending: _____

FLYER AND/OR AGENDA MUST ACCOMPANY REQUEST FOR LEAVE.

Estimated Cost and Details:

Departure Date and Time: _____ Return Date: _____

Auto Miles _____ X _____ = \$ _____
of Miles Rate Mileage \$

Airfare _____ Lodging _____
of Nights Per Night Total

Registration Fee: _____ Other: _____

Are meals provided in registration cost? Yes No

Reimbursement is subject to Business Travel Expense Guidelines.

Employee Signature: _____ Date: _____

Leave Approved: _____ Yes _____ No

Administrator Signature: _____ Date: _____