CRESTWOOD BOARD OF EDUCATION

ALL PURPOSE LEAVE FORM

Name: _____ Building: _____

Date of Leave: _____

Number of Working Days to be absent: _____

(Check ONE Only)

__ Sick Leave (Complete Section A)
__ Personal Leave
__ Child Care/Maternity/Paternity Leave (Attach Physician's Statement)
__ Leave of Absence for Professional Improvement (Attach Plan for Professional Growth)
__ Compulsory Leave (Attach Substantiation)
__ Professional Leave (Complete Section B)
__ Association Leave (Signature of CEA President) _____
__ Jury Duty Leave (Attach Notice)
__ Assault Leave (Attach Physician's Certificate)
__ Vacation
__ Other

A. Sick Leave (Check ONE Only)

__ Personal Illness _____
(Name/Address of Attending Physician) (OPTIONAL)
__ Personal Injury
__ Exposure to Contagious Disease
__ Pregnancy and post-pregnancy recover
__ Illness, Injury or Death in Immediate Family (Relationship) _____

B. Professional Leave
Name of Meeting: _____
Date of Meeting(s): _____
Place of Meeting(s):_____
Anticipated Cost

Includes:	Amount
_____ Registration	$ _____
_____ Meals	$ _____
_____ Housing	$ _____
_____Transportation (if applicable)	$ _____

Number of Days: _____ Substitute Needed? Yes ___ No
How will this professional meeting benefit the School District?

_____	_____	_____
Employee	Principal	Superintendent
Date _____	Date _____	Date _____