

# Leave Request

# Wabash Community Unit School District 348

When you have completed the form, hit the print button below, sign the request and submit the hard copy.

218 West 13th Street  
Mount Carmel, IL 62863  
618-262-4181  
www.wabash348.com  
Dr. Bleyer-Superintendent

Choose Building

Employee First Name

Employee Last Name

Substitute Needed (check)

Today's Date

Type of Leave

Beginning Date

Ending Date (if more than 1 day)

Total Days Missed

*If Professional Leave fill out the section below*

Location:

Registration Fee

Mileage

Transportation Mode

Lodging Request

Objective for  
Professional  
Leave

**I understand that I will be expected to write a reflective summary of the leave on the benefits of my attendance. This report will be submitted to my direct supervisor.**

*If Funeral Leave fill out the section below*

Relationship of  
Deceased  
(ie. grandparent, parent,  
mother-in-law)

Approved

Denied

*(Principal)*

Date Signed

Approved

Denied

*(Superintendent)*

Date Signed

\_\_\_\_\_  
Employee's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date