



CO-CURRICULAR LEAVE ACTIVITIES REPORT

This report shall be completed by staff who are requesting co-curricular leave as leave in lieu of compensation for fifty (50) hours of direct supervision of students outside of school hours.

EMPLOYEE _____ School _____
(NAME)

ACTIVITY	DATE	NON-SCHOOL TIME (in hours)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS _____

Date Submitted: _____

VERIFIED BY PRINCIPAL _____
Signature Date

In accordance with Policy E.3.C, I am requesting _____ (date) as co-curricular leave for the _____ school year.

Employee's Name

Forward a copy of this form to the Area Superintendent for approval. Approved requests are forwarded to Human Resources.

Adopted September 1, 2009		
---------------------------	--	--