Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

| LAST NAME (Print or Type) FIRST Drenth, Lori | INITIAL | EMPLOYEE I.D. NUMBER 11621 | | |
|---|-----------------|--|--|--|
| POSITION Director, Food and Nutrition Services | | school/cost center 9002 | | |
| Except in the case of an emergency, all leave, other than sick leave, must be approved in advance. If the request for sick leave is | | | | |
| pre-planned (i.e. doctor's appointment), it must be pre-approved. For sick leave absences that are not pre-planned, this form must be completed upon return within five (5) working days. | | | | |
| TO BE COMPLETED BY APPLICANT: | | | | |
| | s requested: | ☑ With Pay ☐ Without Pay ☐ Substitute Needed | | |
| ☐ Sick Leave ☐ Worker's Comp☐ Personal Leave (charged to Sick Lv.)☐ Military Leave☐ Personal Leave (Without Pay)☐ Vacation Leave | | Note: This leave does not constitute any salary in addition to that which be individual would normally receive for the dates indicated herein. | | |
| ☐ Professional Leave ☐ Temporary Duty (Attach document | tation) | □ Per Diem □ Mileage □ ☑ Meals | | |
| ☐ Other ☐ Compensatory Time (non-exempted) | employees only) | ☐ Registration ☐ Hotel Expense (Single Room Rate) | | |
| Number of Hours Requested 30 (7/10, 7/11, 7/12) | | | | |
| Purpose/Benefit (DO NOT use acronyms) School Nutrition Associ | iation; An | nual National Conference | | |
| Destination Denver, CO | | | | |
| BEGINNING | | ENDING | | |
| Time 7:00 AM PM | | Time AM_ 9:00 PM | | |
| Day of Saturday 7/9/22 | Day of V | Vednesday Date 7/12/23 | | |
| | | Date 1712/20 | | |
| | OF FUNDS | | | |
| SUBSTITUTE CHARGED TO: FUND FUNCTION OBJECT CENTER PROJECT | FUN | TRAVEL EXPENSE CHARGED TO: D | | |
| X Signature of Applicant You Dunch Date 3/7/23 | | | | |
| | | | | |
| FOR OFFICE USE ONLY: Site Administrator/Supervisor Slau Armold Date 3/7/23 | | | | |
| Project Director (if applicable) | | Date | | |
| | | | | |
| | | | | |
| TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTE | D WITH THE | REGULAR PAYROLL. | | |
| This leave constitutes hour(s) for the regular employee listed above. Name of substitute(s) (if any): Amount of Time substituting: | | | | |
| (-) (-) | | | | |
| | • | hours: days. | | |
| - | | hours: days. | | |

DISTRIBUTION:

White: Payroll
Yellow: Applicant (Attach to Travel Reimbursement form)
Pink: Applicant
Gold: Site Administrator

Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

| LAST NAME (Print or Type) LONGO FIRST HOULD B | INITIAL EMPLOYEE I.D. NUMBER | | |
|--|--|--|--|
| POSITION ASSISTANT DIRECTOR FOOD NU | athtin school/cost center 900% | | |
| Except in the case of an emergency, all leave, other than sick leave, must be approved in advance. If the request for sick leave is pre-planned (i.e. doctor's appointment), it must be pre-approved. For sick leave absences that are not pre-planned, this form must be completed upon return within five (5) working days. TO BE COMPLETED BY APPLICANT: | | | |
| I hereby apply for: This leave is | s requested: ☑ With Pay □ Without Pay □ Substitute Needed | | |
| ☐ Sick Leave ☐ Worker's Comp ☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave ☐ Personal Leave (Without Pay) ☐ Vacation Leave ☐ Professional Leave ☐ Temporary Duty (Attach document | *Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein. | | |
| ☐ Other ☐ Compensatory Time (non-exempter | | | |
| Number of Hours Requested 30 (7/10, 7/11, 7/12) | | | |
| Purpose/Bengfit (DO NOT use acronyms) School Nutht | an H880C, Handual Contribute | | |
| Destination Denver, CO | | | |
| BEGINNING | ENDING | | |
| Time AM PM | Time AM O DO PM | | |
| Day of Saturday Date 7/8/23 | Day of Woodnesday Date 7/12/23 | | |
| SOURCE (| DF FUNDS | | |
| SUBSTITUTE CHARGED TO: FUND FUNCTION OBJECT CENTER PROJECT | TRAVEL EXPENSE CHARGED TO: FUND FUNCTION OBJECT CENTER PROJECT | | |
| X Signature of Applicant About Bound Date 3-7-23 | | | |
| , / | | | |
| FOR OFFICE USE ONLY: APPROVED | NOT APPROVED | | |
| Site Administrator/Supervisor Date | | | |
| Project Director (if applicable) Ou Dent Date 3723 | | | |
| | | | |
| TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL. | | | |
| This leave constitutes hour(s) for the regular employee listed above. Name of substitute(s) (if any): Amount of Time substituting: | | | |
| | hours: days. | | |
| | hours: days. | | |
| | | | |

DISTRIBUTION:

White: Payroll
Yellow: Applicant (Attach to Travel Reimbursement form)
Pink: Applicant
Gold: Site Administrator

Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

| [10T101 [[]]] | | | |
|---|--|--|--|
| LAST NAME (Print or Type) WEAVER TENNIFIE | INITIAL EMPLOYEE I.D. NUMBER 16324 | | |
| POSITION HAY DEN POM MAR KA | SCHOOL/COST CENTER 900% | | |
| Except in the case of an emergency, all leave, other than sick leave, must be approved in advance. If the request for sick leave is | | | |
| pre-planned (i.e. doctor's appointment), it must be pre-approved. For sick leave absences that are not pre-planned, this form must be completed upon return within five (5) working days. | | | |
| TO BE COMPLETED BY APPLICANT: | | | |
| I hereby apply for: This leave is ☐ Sick Leave ☐ Worker's Comp | s requested: With Pay Without Pay Substitute Needed | | |
| ☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave | *Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein. | | |
| ☐ Personal Leave (Without Pay) ☐ Vacation Leave ☐ Professional Leave ☐ Temporary Duty (Attach document | | | |
| ☐ Other ☐ Compensatory Time (non-exempt | | | |
| Number of Hours Requested $30 (7/10, 7/11, 7/12)$ |) `` | | |
| Purpose/Benefit (DO NOT use acronyms) School Nutrat | an Assoc, Annual Confirme | | |
| Destination Denver, CO | • | | |
| BEGINNING | ENDING | | |
| Time AM PM | Time AM OLOO PM | | |
| Day of BATURDAY Date 7/8/23 | Day of Wadnesday Date 7/12/23 | | |
| SOURCE OF FUNDS | | | |
| SUBSTITUTE CHARGED TO: | TRAVEL EXPENSE CHARGED TO: | | |
| FUND FUNCTION OBJECT CENTER PROJECT | FUND FUNCTION OBJECT CENTER PROJECT | | |
| X Signature of Applicant | | | |
| | | | |
| FOR OFFICE USE ONLY: APPROVED | | | |
| Site Administrator/Supervisor Date | | | |
| Project Director (if applicable) 100 1000 1000 1000 1000 1000 1000 100 | | | |
| | | | |
| TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL. | | | |
| | | | |
| This leave constitutes hour(s) for the regular employee listed above. Name of substitute(s) (if any): Amount of Time substituting: | | | |
| | hours: days. | | |
| | hours: days. | | |
| I | | | |

DISTRIBUTION:

White: Payroll
Yellow: Applicant (Attach to Travel Reimbursement form)
Pink: Applicant
Gold: Site Administrator

Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

| LAST NAME (Print or Type) , , , FIRST | INITIAL EMPLOYEE I.D. NUMBER | | |
|---|--|--|--|
| WARD WILLIAM | 15777 | | |
| POSITION OPERATIONS Spec. Food Nutrat | SCHOOL/COST CENTER 900% | | |
| Except in the case of an emergency, all leave, other than sick leave, must be approved in advance. If the request for sick leave is | | | |
| pre-planned (i.e. doctor's appointment), it must be pre-approved. For sick leave absences that are not pre-planned, this form must be | | | |
| completed upon return within five (5) working days. TO BE COMPLETED BY APPLICANT: | | | |
| | s requested: ☑ With Pay □ Without Pay □ Substitute Needed | | |
| ☐ Sick Leave ☐ Worker's Comp | | | |
| ☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave | *Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein. | | |
| ☐ Personal Leave (Without Pay) ☐ Vacation Leave | Control (Accompany) of the Control of Contro | | |
| ☐ Professional Leave ☐ Compensatory Time (non-exempt of the content of the conte | | | |
| | | | |
| Number of Hours Requested 30 $(7/10, 7/11, 7/12)$ | | | |
| Purpose/Benefit (DO NOT use acronyms) School Nutrition ASSOC, Hanual Confirmac | | | |
| Destination Denver, CO | | | |
| BEGINNING | ENDING | | |
| Time AM PM | Time AM OLOO PM | | |
| Day of Dating 011 | Day of Inlada and Au Mining | | |
| Week CATURAL Date 7 8 73 | Week WCONCOUTH Date 1770/33 | | |
| SOURCE OF FUNDS | | | |
| SUBSTITUTE CHARGED TO: | TRAVEL EXPENSE CHARGED TO: | | |
| FUND FUNCTION OBJECT CENTER PROJECT | FUND FUNCTION OBJECT CENTER PROJECT | | |
| | | | |
| | | | |
| 1 Ar no | 0000 | | |
| X Signature of Applicant | | | |
| | | | |
| FOR OFFICE USE ONLY: APPROVED IN NOT APPROVED | | | |
| | | | |
| Site Administrator/Supervisor Date | | | |
| Project Director (if applicable) Date 5 1/2 5 | | | |
| | • | | |
| TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTE | D WITH THE REGULAR PAYROLL | | |
| | | | |
| This leave constitutes hour(s) for the regular employee listed above. | | | |
| Name of substitute(s) (if any): | Amount of Time substituting: | | |
| | hours: days. | | |
| | hours: days. | | |
| | days. | | |

DISTRIBUTION:

White : Payroll
Yellow : Applicant (Attach to Travel Reimbursement form)
Pink : Applicant
Gold : Site Administrator