

Monroe County High School

I.O.U. Form

Teacher – Course

Date

Student	IOU / Book # / Etc.	Amount

Leave Affidavit

THE AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE FILL OUT THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL DESIGNEE.

PERSONAL LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1231/03.2231.

DATE(S) OF PERSONAL LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

SICK LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1232/03.2232.

DATE(S) OF SICK LEAVE: _____ TOTAL DAYS _____ SUBSTITUTE NEEDED

CHECK ONE: EMPLOYEE'S ILLNESS ILLNESS OF FAMILY MEMBER MOURNING

IS SICK LEAVE USED FOR EMERGENCY LEAVE PURPOSES, PER POLICY? YES NO

MATERNITY/ADOPTION/CHILDREARING LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1233/03.2233.

ESTIMATED DATE(S) OF LEAVE _____ TO _____ SUBSTITUTE NEEDED

PAID MATERNITY LEAVE /NUMBER OF SICK LEAVE DAYS _____ UNPAID MATERNITY LEAVE

PAID BIRTH OR ADOPTION LEAVE, NOT TO EXCEED 30 DAYS/NUMBER OF SICK LEAVE DAYS _____

UNPAID CHILDREARING LEAVE _____

JURY LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1237/03.2237.

DATE(S) OF JURY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

EMPLOYEE SIGNS OVER COURT-ISSUED JURY DUTY CHECK

EMPLOYEE REIMBURSES DISTRICT

MILITARY LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1238/03.2238.

DATE(S) OF MILITARY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

EMERGENCY LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1236/03.2236.

DATE(S) OF EMERGENCY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

BEREAVEMENT DISASTERS

COURT APPEARANCES OTHER, SPECIFY:

IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PER POLICY? YES NO

Superintendent/designee's Signature

Date

I hereby affirm and attest that the information I have provided is true and, under provisions of law and Board policy, qualifies me to take the leave indicated. I understand that if I have provided information that is not true, I may be subject to disciplinary action.

Employee's Signature

Date

Signature of Principal/Program Director

Date

Professional Meeting and Travel Request Form

EMPLOYEE'S NAME _____ LOCATION _____ DATE _____

NAME OF CONFERENCE/WORKSHOP _____

DESTINATION _____ DATE OF CONFERENCE _____
(Attach conference information)

RATIONALE FOR ATTENDANCE _____

EXPENSE REIMBURSEMENT

Expenses paid by: ORG _____ OBJECT _____ PROJECT NAME & NO. _____

Substitute Needed: YES NO Number of Days: _____
Substitute to be paid from what fund: ORG _____ OBJECT _____ PROJECT NAME & NO. _____

Registration Reimbursement Requested: YES NO Amount: _____

Mileage reimbursement at 30¢ per mile: Total Miles: _____ Total Cost: \$ _____

Lodging Reimbursement Request: YES NO Amount per Night \$ _____

Meals Reimbursement Requested: YES NO (Overnight stay required for meal reimbursement)
Daily Reimbursement Limit - \$ 30.00

Breakfast limit - \$6.00; Lunch limit - \$7.00; Dinner limit - \$17.00

Meal limits do not include gratuities. The District will **not** reimburse employees for gratuities exceeding 15% of the meal charge.

REQUISITION TO BE ATTACHED TO THIS FORM FOR REIMBURSEMENT OF EXPENSES.

AFTER ATTENDING PROFESSIONAL MEETINGS, PERSONNEL MUST TURN IN EXPENSES FOR REGISTRATION, LODGING, MEALS, AND OTHER RELATED CHARGES ON A TRAVEL EXPENSE VOUCHER (FORM 03.125 AP.22) WITH ALL REQUIRED RECEIPTS TO THE SUPERINTENDENT/DESIGNEE FOR REIMBURSEMENT OF EXPENSES.

APPLICANT SIGNATURE DATE

PRINCIPAL/PROGRAM DIRECTOR SIGNATURE DATE

SUPERINTENDENT/DESIGNEE SIGNATURE DATE

RELATED PROCEDURES:

- 01.821
- 04.31 AP.2 (District procurement cards)

Review/Revised: 10/14/2004

CLASSROOM TEACHER

Please complete this form when you return after a substitute has been with your class(es).

Date substitute was with your class(es) _____

Name of substitute _____

Name of classroom teacher _____

Did the substitute follow your lesson plans to the best of his/her ability? Yes No

Comments _____

Was your classroom left in an orderly fashion? Yes No

Comments _____

Did the substitute leave notes on what material was covered and what, if any, problems occurred? Yes No

Comments _____

Other Comments _____

Signature of Classroom Teacher

9E1

SUBSTITUTE TEACHER

Please complete this form and turn it in at the front desk at the end of the day.

Date _____

Name of substitute _____

Name of classroom teacher _____

Were lesson plans left by the teacher? Yes No

Comments _____

Was a class list easily accessible? Yes No

Comments _____

Did you encounter any problems during the day? Yes No

If you answered yes, please explain.

Other Comments _____

Signature of Substitute

Signature of Classroom Teacher

REQUEST FOR ANNOUNCEMENT

Today's date: _____

Date(s) to be announced: _____

Subject of Announcement: _____ Sports
 _____ Classes
 _____ Clubs
 _____ Other

Announcement:

Teacher Signature

Place this form in the designated mailbox in the Teacher's Lounge.

THIS FORM MUST BE TURNED IN BY 9:00 AM TO BE ANNOUNCED
ON THAT DAY'S BROADCAST.

MONROE COUNTY HIGH SCHOOL

ACTIVITY MEETING REQUEST

The _____
wishes to have a meeting on _____
during the _____ period.

The purpose of the meeting is _____

and is closely related to the _____
curriculum area.

Meeting Place: _____

Requested by:

(Sponsor)

(Denied)

(Approved)

MCHS Teacher / Parent Contact Log

Student Name <hr/>	Advisor <hr/>
Contact Date <hr/>	
Type of Contact Made <input type="checkbox"/> Phone call <input type="checkbox"/> Letter or Card <input type="checkbox"/> In- Person Specify: <input type="checkbox"/> Extra-Curricular School Event <input type="checkbox"/> At a Local Business <input type="checkbox"/> Family Gathering <input type="checkbox"/> Other	

Reflection About Contact

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Fixed Asset

SCHOOL

Description

Make

Model

Room No.

Serial #

Tag #

Fixed Asset

Description

Make

Model

Room No.

Serial #

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