

EAST ALLEN COUNTY SCHOOLS
New Haven, Indiana 46774

LEGISLATIVE LEAVE FORM

Name _____ School _____
(please print)

In accordance with the AGREEMENT BETWEEN THE BOARD OF SCHOOL TRUSTEES AND THE EAST ALLEN EDUCATORS ASSOCIATION, I request Legislative Leave without loss of pay on _____.

Teacher's Signature _____ Date _____

Association President _____ Date _____

APPROVAL FOR LEGISLATIVE LEAVE

_____ Substitute Required Account Number _____

The teacher requesting Legislative Leave has contacted me prior to this request for my approval. I have confirmed the availability of a substitute teacher for this date.

Building Administrator/
Immediate Supervisor _____ Date _____

Executive Director of Operations _____ Date _____