

**BATESVILLE COMMUNITY
SCHOOL CORPORATION
FIELD TRIP REQUEST**

This request is to be submitted to the building principal or designee at least ten (10) school days prior to the date of the trip. If this is an overnight trip request, then it must be approved by the Board of School Trustees. Contact the building principal or designee for required dates of submission if requesting overnight trip permission. Board of School Trustees' permission may be required 30-60 days prior to the trip.

Teacher in Charge _____ Date of Request _____

Class or Organization _____

Destination _____

Address _____ Phone number _____

Date of Trip _____ Departure Time _____ Return Time _____

Substitute Teacher Needed _____ No _____ Yes _____ a.m. _____ p.m.

Number of Students _____ Number of Adult Supervisors _____

Names of Supervisors _____

Costs: Transportation _____ Meals _____

Admission _____ Total Cost _____

Method of Financing _____

Permission Slips: (attach a copy of permission slip) _____ Date to be Returned _____

Educational Justification of Field Trip _____

.....
_____ Approved _____ Disapproved

Building Principal (or designee) _____ Date _____

Comments _____

**Field Trip Request
Advance Notice of Absence**

Complete this form and submit to the building principal with the field trip request when students going on the trip will miss classes other than your own.

Class or Organization _____ Teacher or Sponsor _____

Date/s of Trip _____ Departure Time _____ Return Time _____

Administrative Approval _____ (initial)

Names of Students:

(Copy of class list may be used in lieu of listing names individually. However, top portion must be completed.)

- | | |
|-----------|-----------|
| 1. _____ | 16. _____ |
| 2. _____ | 17. _____ |
| 3. _____ | 18. _____ |
| 4. _____ | 19. _____ |
| 5. _____ | 20. _____ |
| 6. _____ | 21. _____ |
| 7. _____ | 22. _____ |
| 8. _____ | 23. _____ |
| 9. _____ | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

TEACHERS: If you feel a student on this list should not miss your class, please contact the building principal or the trip sponsor as soon as possible. It is highly recommended that all work be completed prior to the trip.

BATESVILLE COMMUNITY SCHOOL CORPORATION
PAID/UNPAID LEAVE REQUEST FORM

Employee Date Filed

PAID LEAVE FORM

TYPE OF LEAVE

____ Personal Day _____ Family Illness* _____ Bereavement Leave
____ Sick Leave* _____ Funeral Leave _____ Jury Leave
____ Vacation _____ Professional _____

*Eligible employees may qualify for Family Medical Leave (FMLA). Contact the Superintendent's office to get information if applicable.

Date(s) of Leave _____ (if half-days are involved, indicate such)

For Family Illness, Bereavement, or Funeral Leave list your relationship as follows:

Name of Family Member His/Her Relationship To You

For Jury Leave indicate the per diem allowance earned for each day _____

____ Recommended ____ Not Recommended ____ Approved ____ Disapproved

Date: _____ Date: _____

Principal _____ Superintendent: _____

If Disapproved – Reason _____

UNPAID LEAVE REQUEST

Reason for requesting unpaid leave _____

Date(s) of Leave _____ (if half-days are involved, indicate such)

Requests for **unpaid leave**, except in emergency situations should be made as early as possible prior to the leave. (A minimum of two (2) weeks is suggested.)

____ Recommended ____ Not Recommended ____ Approved ____ Disapproved

Date: _____ Date: _____

Principal _____ Superintendent: _____

If Disapproved – Reason _____

I certify that the days listed above were used for the purpose(s) indicated.

Signature of Employee

[If an employee wants to voluntarily list a reason for this **paid leave** request this can be done on the reverse side of this form or attach such information.]