



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

# Leaves/Temporary Duty Elsewhere (TDE) Application

Employee ID

Name <i>(last, first, middle initial)</i>	Position/Classification
School/Department Name	School/Dept. #

### I. Request for Leave of Absence

Total duty hours absent

I hereby apply for Leave of Absence (pursuant to School Board Policy 3.80 or collective bargaining agreement) on the following duty days. *(List dates absent, identifying 1/2 days with A.M. or P.M.)*

#### PAID LEAVE *(choose one only)*

- Sick (S)
- Personal *(Charged to Sick Leave) (P)*
- Vacation - 12 month positions only (A)
- Floating Holiday (FLH)
- Line-of-Duty Injury or Illness (LOD)(L)
- Jury Duty / Paid Witness Duty (J)
- Other *(Explain)*

#### UNPAID LEAVE - less than 10 unpaid days *(choose one only)*

- Extended Illness
- Maternity / Recovery / Child Care
- Other Personal
- Personal *(To be charged to an employee and submitted by Principal / Department Head due to improper procedures)*
- Furlough Day (FRL)

### II. Request for Temporary Duty Elsewhere (TDE) (T)

Total duty hours

List date(s) of Temporary Duty Elsewhere

Justification \_\_\_\_\_

Destination \_\_\_\_\_

- In-county
- Out-of-county
- Out-of-state

Provide funding information below for the following:

1. Substitute teacher required?  Yes  No

2. Estimated travel cost

+  +  =   
 Transportation Costs      Lodging costs      Other (Registration)      Total Estimated Travel Cost

	DEPT	FUND	FUNC	ACCOUNT	PROG	BUDG MGR	LOCAL CODE	AWARD YR	PROJECT
1.									
2.									

### III. Employee Signature Approval Signatures

\_\_\_\_\_  
*Signature of Person Making the Request*

\_\_\_\_\_  
*Date*

I certify that funds are available in the accounts shown above for the specified amount(s). Area Superintendent signature required for Principal's Leave/TDE application. Out-of-state and out-of-county travel requires the approval of the Chief Officer in addition to the principal, Area Superintendent or Division Head.

Approved  Disapproved

\_\_\_\_\_  
*Signature of Supervisor, Principal/Division Head/Director (out-of-state/county)*

\_\_\_\_\_  
*Date*

Approved  Disapproved

\_\_\_\_\_  
*Signature of Area Superintendent (Principal Leave/TDE or out-of-state/county)*

\_\_\_\_\_  
*Date*

Approved  Disapproved

\_\_\_\_\_  
*Signature of Chief Academic Officer or Chief Operating Officer (out-of-state/county)*      *Date*