

Emery County School District



Policy: GECB—Request for Paid Association Leave

Date Adopted: 13 August 2002
Current Review / Revision: 13 August 2002

Date _____ Employee: _____

District Assignment: _____

Association Leadership Assignment: _____

Date(s) of Leave Requested: _____ Time: _____

Location of Leave Activity: _____

Activity: _____

Educational Benefit of Activity: _____

Costs Association with Leave: _____

I hereby certify that the leave I am requesting is in compliance with Board Policy and State Statute and is intended to benefit education in the Emery County School District.

Employee Signature: _____

I hereby grant approval for the above named employee to participate in the requested association leave. I verify that the leave will benefit the School District.

Supervisor Signature: _____