

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 6/18 Social Security#: XXX Home School: BLSC

Employee's Name: Muntha Liddell Job Assignment/Position Title: Supt.

Number of Days: 5 Specific Dates: 7/9-13/12 Overnight: Yes / No

Sick Leave: _____
 Explanation (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: _____
 Purpose of Trip / Destination / Phone Number

Source of Funding: DM

Title of Conference/Workshop: MAS Summer Conference
MS Association of School Superintendents (MAS)

How Conference/Workshop relates to present job assignment: _____
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

- Target Audience: Select one
- Administrators at monthly meeting
 - School staff at Wednesday school improvement session
 - Staff meeting with support staff in specialized area

 Employee Date: 6/30/12

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____

Approved/Not Approved: _____, Coordinator/Supervisor Date: _____

Approved/Not Approved: _____, Assistant Superintendent Date: _____

Approved/Not Approved: _____, Board of Trustees Date: _____

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 6/18 Social Security#: XXX Home School: BCSC

Employee's Name: Martha Liddle Job Assignment/Position Title: Sept.

Number of Days: 4 Specific Dates: 7/23-26/12 Overnight: Yes / No

Sick Leave: _____
 Explanation (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: NSBA
 Purpose of Trip / Destination / Phone Number

Source of Funding: DM

Title of Conference/Workshop: NSBA Regional Conference
National School Boards Association (NSBA) Conference

How Conference/Workshop relates to present job assignment: _____
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

- Target Audience: Select one
- Administrators at monthly meeting
 - School staff at Wednesday school improvement session
 - Staff meeting with support staff in specialized area

Martha Liddle Employee Date: 7/20/12

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____

Approved/Not Approved: _____, Coordinator/Supervisor Date: _____

Approved/Not Approved: _____, Assistant Superintendent Date: _____

Approved/Not Approved: _____, Board of Trustees Date: _____

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 8/20 Social Security#: XVV Home School: ECDC

Employee's Name: Martha Liddell Job Assignment/Position Title: Supt

Number of Days: 3 Specific Dates: 8/13, 14, 15 Overnight: Yes / No

Sick Leave: _____
Explanation (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: Magnet School Summer Leadership Conf.
Purpose of Trip / Destination / Phone Number

Source of Funding: DM

Title of Conference/Workshop _____

How Conference/Workshop relates to present job assignment: _____
(Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

Target Audience: Select one

- Administrators at monthly meeting
- School staff at Wednesday school improvement session
- Staff meeting with support staff in specialized area

M. Liddell Employee Date: 8/22/12

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____

Approved/Not Approved: _____, Coordinator/Supervisor Date: _____

Approved/Not Approved: _____, Assistant Superintendent Date: _____

Approved/Not Approved: _____, Board of Trustees Date: _____

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 8/20 Social Security#: WX Home School: BCSC

Employee's Name: Martha Liddell Job Assignment/Position Title: Supt

Number of Days: 3 1/2 Specific Dates: 8/27, 28, 29, 30 Overnight: Yes / No

Sick Leave: _____
 Explanation (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: Dropout Prevention - MDE Jackson MS
 Purpose of Trip / Destination / Phone Number Prof. Development

Source of Funding: Title I Sponsored by the MS Department of Education (MDE)

Title of Conference/Workshop _____

How Conference/Workshop relates to present job assignment: _____
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

- Target Audience: Select one
- Administrators at monthly meeting
 - School staff at Wednesday school improvement session
 - Staff meeting with support staff in specialized area

Employee _____ Date: 8/20/12

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____

Approved/Not Approved: _____, Coordinator/Supervisor Date: _____

Approved/Not Approved: _____, Assistant Superintendent Date: _____

Approved/Not Approved: _____, Board of Trustees Date: _____

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 9/11/12 Social Security#: XKK Home School: BESC

Employee's Name: Martha Liddle Job Assignment/Position Title: Supt.

Number of Days: 1 Specific Dates: 9/12/12 Overnight: Yes / No

Sick Leave: _____
 Explanation: (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: SRESA (Sept. Monthly Regional Mtg) at MS

Source of Funding: 1120 900 2210 000 580 00 | Purpose of Trip / Destination / Phone Number - Sponsored by the MS Department of Education

Title of Conference/Workshop _____

How Conference/Workshop relates to present job assignment: _____
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

- Target Audience: Select one
- Administrators at monthly meeting
 - School staff at Wednesday school improvement session
 - Staff meeting with support staff in specialized area

Martha Liddle Employee Date: 9/5/12

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____

Approved/Not Approved: _____, Coordinator/Supervisor Date: _____

Approved/Not Approved: James Prude, Assistant Superintendent Date: _____

Approved/Not Approved: _____, Board of Trustees Date: _____

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 9/24 Social Security#: 8040 Home School: BCSC

Employee's Name: Murtha Liddell Job Assignment/Position Title: Supt.

Number of Days: 3 Specific Dates: 10/14-16/12 Overnight: Yes / No

Sick Leave: _____
 Explanation: (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave
 Jury Duty
 Vacation
 Military Leave (copy of orders must be attached)
 School Business: MASA Association at School Administrators (MASA)
MASA Fall Conference (Kank., 116)
 Purpose of Trip / Destination / Phone Number

Source of Funding: 1120 900-2320 000 810 001

Title of Conference/Workshop _____

How Conference/Workshop relates to present job assignment: _____
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____
 Target Audience: Select one
 Administrators at monthly meeting
 School staff at Wednesday school improvement session
 Staff meeting with support staff in specialized area

Employee Murtha Liddell Date: 11/2/12

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____

Approved/Not Approved: _____, Coordinator/Supervisor Date: _____

Approved/Not Approved: _____, Assistant Superintendent Date: _____

Approved/Not Approved: [Signature], Board of Trustees Date: _____

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll



Submission Date: 10/15/12 Social Security#: XXXXX Home School: Base

Employee's Name: Dr. Martha Liddice Job Assignment/Position Title: Supt.

Number of Days: 1 Specific Dates: 10/17/12 Overnight: Yes / No

Sick Leave: _____
 Explanation (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: *Required Meeting for Grant CES
Excellence for All Grant MDE (Regional
 Purpose of Trip / Destination / Phone Number 10/17/12

Source of Funding: Grant Funded

Title of Conference/Workshop _____

How Conference/Workshop relates to present job assignment: _____
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

- Target Audience: Select one
- Administrators at monthly meeting
 - School staff at Wednesday school improvement session
 - Staff meeting with support staff in specialized area

Martha Liddice Employee Date: 10/12

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted PRIOR TO THE ABSENCE TO BE APPROVED BY: Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____

Approved/Not Approved: _____, Coordinator/Supervisor Date: _____

Approved/Not Approved: [Signature], Assistant Superintendent Date: _____

Approved/Not Approved: _____, Board of Trustees Date: 10/12

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ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 10/15/12 Social Security#: XXXX Home School: BCSC
Employee's Name: D. Matha Lideel Job Assignment/Position Title: Supt
Number of Days: 1 Specific Dates: 10/28/12 Overnight: Yes / No

Sick Leave: _____
Explanation: (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: S-RESA Monthly Superintendents Meeting
Purpose of Trip / Destination / Phone Number: _____
Source of Funding: 1120 900 2210 000 580-001 Hattierburg, MS

Title of Conference/Workshop _____

How Conference/Workshop relates to present job assignment: _____
(Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

- Target Audience: Select one
- Administrators at monthly meeting
 - School staff at Wednesday school improvement session
 - Staff meeting with support staff in specialized area

Matha Lideel Employee Date: 11/6/12

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____
Approved/Not Approved: _____, Coordinator/Supervisor Date: _____
Approved/Not Approved: John Prude, Assistant Superintendent Date: _____
Approved/Not Approved: _____, Board of Trustees Date: _____

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 9/24 Social Security#: X060 Home School: BCSC

Employee's Name: Martha Liddell Job Assignment/Position Title: Supt

Number of Days: 4 Specific Dates: October 24-27, 2012 Overnight: Yes / No

Sick Leave: _____
 Explanation (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: Superintendent Summit / Naples, FL
 Purpose of Trip / Destination / Phone Number

Source of Funding: Expenses paid by Summit - Superintendent's Fund
for: Nat'l Superintendent Invited

Title of Conference/Workshop: _____ by AHA/

How Conference/Workshop relates to present job assignment: 4 hr. travel cost will be reimbursed
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____
 Target Audience: Select one

- Administrators at monthly meeting
- School staff at Wednesday school improvement session
- Staff meeting with support staff in specialized area

Martha Liddell Employee Date: 9/24/12

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____

Approved/Not Approved: _____, Coordinator/Supervisor Date: _____

Approved/Not Approved: [Signature], Assistant Superintendent Date: _____

Approved/Not Approved: _____, Board of Trustees Date: _____

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 10/15/12 Social Security#: XXX Home School: BCSC

Employee's Name: Dr. Martha Liddell Job Assignment/Position Title: Scot

Number of Days: 2 Specific Dates: 11/5-6/12 Overnight: Yes / No

Sick Leave: _____
 Explanation (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: _____
 Purpose of Trip / Destination / Phone Number

Source of Funding: Title I

Title of Conference/Workshop: Learning Forward Seminar
WDE sponsored Professional Development Common

How Conference/Workshop relates to present job assignment: Care Readiness Workshop
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

Target Audience: Select one

- Administrators at monthly meeting
- School staff at Wednesday school improvement session
- Staff meeting with support staff in specialized area

Martha Liddell Employee Date: 11/1/12

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____

Approved/Not Approved: _____, Coordinator/Supervisor Date: _____

Approved/Not Approved: Martha Liddell, Assistant Superintendent Date: _____

Approved/Not Approved: Martha Liddell, Board of Trustees Date: 11/1/12

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 10/15/12 Social Security#: XXXX Home School: BCSE

Employee's Name: Dr. Martha Liddell Job Assignment/Position Title: Supt

Number of Days: 2 Specific Dates: 10/15-16/12 Overnight: Yes / No

Sick Leave: _____
 Explanation: (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: MSBA Full Leadership Conference
 Purpose of Trip / Destination / Phone Number

Source of Funding: Title I

Title of Conference/Workshop _____

How Conference/Workshop relates to present job assignment: _____
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

- Target Audience: Select one
- Administrators at monthly meeting
 - School staff at Wednesday school improvement session
 - Staff meeting with support staff in specialized area

Mark Employee Date: 11/1/12

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____

Approved/Not Approved: _____, Coordinator/Supervisor Date: _____

Approved/Not Approved: _____, Assistant Superintendent Date: _____

Approved/Not Approved: _____, Board of Trustees Date: _____

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 10/1/12 Social Security#: XXX Home School: BCSC
 Employee's Name: Martha Liddell Job Assignment/Position Title: Supt
 Number of Days: 1 Specific Dates: 11/16/12 Overnight: Yes / No
 Sick Leave: _____
 Explanation: (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)
 School Business: Visit to Canada, School Dist Common Core
 Purpose of Trip / Destination / Phone Number: Visit
 Source of Funding: 1120 900 2210 000 580 001

Title of Conference/Workshop: _____

How Conference/Workshop relates to present job assignment: _____
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

- Target Audience: Select one
- Administrators at monthly meeting
 - School staff at Wednesday school improvement session
 - Staff meeting with support staff in specialized area

 Martha Liddell Employee Date: 11/10/2012

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____
 Approved/Not Approved: _____, Coordinator/Supervisor Date: _____
 Approved/Not Approved: _____, Assistant Superintendent Date: _____
 Approved/Not Approved: Jerry Prude, Board of Trustees Date: _____

WHITE - Central Office

CANARY - Employee

PINK - School/Location

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 10/15/12 Social Security#: XXXX Home School: BCSC
 Employee's Name: D. Martha Liddell Job Assignment/Position Title: Supt.
 Number of Days: 4 Specific Dates: 12/3-6/2012 Overnight: Yes / No
 Sick Leave: _____

Explanation (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: 2012 Mississippi Reading Conference

Purpose of Trip / Destination / Phone Number
 Source of Funding: 1120 900 2310 000 @ 580 001

Title of Conference/Workshop 2012 Mississippi Reading Conference

How Conference/Workshop relates to present job assignment: _____
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

- Target Audience: Select one
- Administrators at monthly meeting
 - School staff at Wednesday school improvement session
 - Staff meeting with support staff in specialized area

Martha Liddell Employee Date: 11/1/12

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted PRIOR TO THE ABSENCE TO BE APPROVED BY: Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____

Approved/Not Approved: _____, Coordinator/Supervisor Date: _____

Approved/Not Approved: John J. Prude, Assistant Superintendent Date: _____

Approved/Not Approved: _____, Board of Trustees Date: 11/10/12

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 12/16/12 Social Security#: XXX Home School: BCSC

Employee's Name: Martha Liddell Job Assignment/Position Title: _____

Number of Days: 4 Specific Dates: Jan. 27-30, 2013 Overnight: Yes / No

Sick Leave: _____
 Explanation: (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: MASS Conference Jackson Marriott, MS

Source of Funding: 1120 900 2210 000 580 00 / Superintendents Winter Conference

Title of Conference/Workshop: _____ (MAST)

How Conference/Workshop relates to present job assignment: _____
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

- Target Audience: Select one
- Administrators at monthly meeting
 - School staff at Wednesday school improvement session
 - Staff meeting with support staff in specialized area

Martha Liddell Employee Date: 1/15/2013

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____

Approved/Not Approved: _____, Coordinator/Supervisor Date: _____

Approved/Not Approved: Jimmy Bunde, Assistant Superintendent Date: _____

Approved/Not Approved: _____, Board of Trustees Date: _____

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 2/1/13 Social Security#: VXXXX Home School: BOSE

Employee's Name: Matthew Liddell Job Assignment/Position Title: Supt

Number of Days: _____ Specific Dates: February 19-21, 2013 Overnight: Yes / No

Sick Leave: _____
 Explanation: (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)
 School Business: CMSD Schools Receiving Awards 1st Professional Educators 2013 MAPE/PREPS Conference & Awards Conference

Source of Funding: Superintendent Budget 1120 900 2300 000810
 Purpose of Trip / Destination / Phone Number
Title I 001

Title of Conference/Workshop _____

How Conference/Workshop relates to present job assignment: _____
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

- Target Audience: Select one
- Administrators at monthly meeting
 - School staff at Wednesday school improvement session
 - Staff meeting with support staff in specialized area

Matthew Liddell Employee Date: 2/1/2013

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____
 Approved/Not Approved: Matthew Liddell, Coordinator/Supervisor Date: _____
 Approved/Not Approved: _____, Assistant Superintendent Date: _____
 Approved/Not Approved: _____, Board of Trustees Date: _____

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 1/31/13 Social Security#: XXXX Home School: BCSC
 Employee's Name: Myrtha Liddell Job Assignment/Position Title: Superintendent
 Number of Days: 4 Specific Dates: Feb 27-28, March 1-2, 2013 Overnight: Yes / No
 Sick Leave:

Explanation: (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: Superintendent's Summit

Purpose of Trip / Destination / Phone Number

Source of Funding: Superintendent's Budget - Expenses paid by Summit for Invited Superintendents
 Title of Conference/Workshop: _____

How Conference/Workshop relates to present job assignment: Training
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

Target Audience: Select one

- Administrators at monthly meeting
- School staff at Wednesday school improvement session
- Staff meeting with support staff in specialized area

Myrtha Liddell Employee Date: 1/31/2013

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____
 Approved/Not Approved: James P. [Signature], Coordinator/Supervisor Date: _____
 Approved/Not Approved: _____, Assistant Superintendent Date: _____
 Approved/Not Approved: _____, Board of Trustees Date: _____

WHITE - Central Office CANARY - Employee PINK - School/Location

(Handwritten signature)

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 2/1/13 Social Security#: XXX Home School: BCSE
 Employee's Name: Martha Liddle Job Assignment/Position Title: Supt.
 Number of Days: 11 Specific Dates: 2/8/13 to 2/18/13 Overnight: Yes / No
 Sick Leave: _____

Explanation (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)
 School Business: Impact Prevention Summit VII ^{Training sponsored by CMS Public}
 Purpose of Trip / Destination / Phone Number: Broadcasting - development session
 Source of Funding: 20,000 for last fiscal year / 1000 for professional development
 Title of Conference/Workshop: Impact Prevention Summit VII

How Conference/Workshop relates to present job assignment: _____
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____
 Target Audience: Select one
 Administrators at monthly meeting
 School staff at Wednesday school improvement session
 Staff meeting with support staff in specialized area
 _____ Employee Date: 2/1/13

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____
 Approved/Not Approved: _____, Coordinator/Supervisor Date: _____
 Approved/Not Approved: _____, Assistant Superintendent Date: _____
 Approved/Not Approved: _____, Board of Trustees Date: _____

ADMINISTRATIVE LEAVE REQUEST FORM

Columbus Municipal School District

ROUTING:
 Principal
 Program Supervisor
 Superintendent
 Payroll

Payroll
Approval

Submission Date: 2/11/13 Social Security#: XXX Home School: BCC

Employee's Name: Martha Liddell Job Assignment/Position Title: Supt

Number of Days: 1 Specific Dates: 2/13/13 Overnight: Yes / No

Sick Leave: _____
 Explanation: (illness in immediate family, maternity leave, personal illness, doctor's appointments, death in immediate family)

Personal Leave Jury Duty Vacation Military Leave (copy of orders must be attached)

School Business: Mississippi Professional Educators Seminar
MI-7 Workshop - Jackson MS
 Purpose of Trip / Destination / Phone Number

Source of Funding: Title I

Title of Conference/Workshop _____

How Conference/Workshop relates to present job assignment: _____
 (Attach Supporting Documents)

Areas/topics to be presented to district staff upon returning: _____

- Target Audience: Select one
- Administrators at monthly meeting
 - School staff at Wednesday school improvement session
 - Staff meeting with support staff in specialized area

Martha Liddell Employee Date: 2/12/13

NOTE: Requests for School Business, Personal Leave (other than emergencies) and Vacation must be submitted **PRIOR TO THE ABSENCE TO BE APPROVED BY:** Principal, Coordinator/Supervisor, and Superintendent. All in-state overnight and all out of state school business leave must also be approved by the Board of Trustees.

Approved/Not Approved: _____, Principal Date: _____

Approved/Not Approved: Terry Rude, Coordinator/Supervisor Date: _____

Approved/Not Approved: _____, Assistant Superintendent Date: _____

Approved/Not Approved: Martha Liddell, Board of Trustees Date: 2/13/13