



**CO-CURRICULAR LEAVE ACTIVITIES REPORT**

This report shall be completed by staff who are requesting co-curricular leave as leave in lieu of compensation for fifty (50) hours of direct supervision of students outside of school hours.

EMPLOYEE \_\_\_\_\_ School \_\_\_\_\_  
(NAME)

ACTIVITY	DATE	NON-SCHOOL TIME (in hours)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS \_\_\_\_\_

Date Submitted: \_\_\_\_\_

VERIFIED BY PRINCIPAL \_\_\_\_\_  
Signature Date

In accordance with Policy E.3.C, I am requesting \_\_\_\_\_ (date) as co-curricular leave for the \_\_\_\_\_ school year.

\_\_\_\_\_  
Employee's Name

Forward a copy of this form to the Area Superintendent for approval. Approved requests are forwarded to Human Resources.

Adopted September 1, 2009		
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