

REQUEST FOR PROFESSIONAL LEAVE

Please fill out the following information and return it to the Building Principal. All requests are to be received by the Superintendent for review 30 days prior to the day of the Professional Leave. Upon your return to school a Professional Development Report is to be completed and turned in.

NAME _____ DATE _____

NAME OF PROFESSIONAL MEETING _____

DATE OF MEETING _____ TIME OF MEETING _____

LOCATION OF MEETING _____

EXPENSES REQUESTED

(CHECK APPROPRIATE ITEM)

_____ REGISTRATION

_____ MILEAGE

_____ MEALS

_____ LODGING

_____ OTHER: _____

WHAT BENEFITS WILL THIS BE TO YOUR TEACHING ASSIGNMENT _____

YOU MAY ATTACH ANY MATERIAL PERTAINING TO THIS PROFESSIONAL LEAVE REQUEST FORM THAT WILL BE HELPFUL IN THE ADMINISTRATORS REVIEW.

PRINCIPAL SIGNATURE

DATE

APPROVED

NOT APPROVED

SUPERINTENDENT SIGNATURE

DATE

APPROVED

NOT APPROVED