

PROFESSIONAL LEAVE APPLICATION

Professional Leave Forms are to be completed for **each conference** attended by **each participant**. This is not a valid form without all required signatures. Complete this request 2 weeks **before** dates of professional leave. Each signee makes a copy for your files if needed.

Participant: _____ Application date: _____
School: _____

Title of Program/Conference: _____

Briefly explain how this program will benefit your school:

Date(s) of Leave _____ Location _____

Amount of school time requested: _____ Substitute required (circle): YES NO

Participant signature: _____

This portion of form is to be completed by Principal or Supervisor. If this an approved site level expenditure, please retain your copy and submit the forms to the payroll department and participant.

Recommend: Approval Not Approved / Reason: _____

Signature of Principal or Supervisor Date

Sub account to be charged: _____

This portion of form is to be completed by the Director or Fund Manager if special funds are to pay for the program. Upon completion of form, please retain your copy and submit the forms to the appropriate departments, i.e. payroll, school and participant.

Recommend: Approval Not approved / Reason: _____

Signature of Director or Fund Manager Date

Sub account to be charged: _____

Business Manager signature: _____

Date

Superintendent signature: _____

Date