

PROFESSIONAL LEAVE REQUEST FORM

Name of Participant: _____

Date Submitted: _____ Leave Date Requested: _____

Title of Professional Development: _____

Location: (Name of Facility, City, State) _____

Name of Provider: _____

Name of Presenter: _____

Please provide a brief description of why you want to attend this event and what you anticipate you will learn as a result of attending: (Please attach Program description, registration information and any other pertinent documentation)

Registration Fees \$ _____

Check to be sent? YES _____ NO _____

Address of where to send registration & check:

1. Employee – fill out and turn into immediate Supervisor
2. Supervisor – Approve/Disapprove, sign, give to Secretary for Substitute if needed
APPROVED: Y _____ N _____
SUBSTITUTE NEEDED: Y _____ N _____
Principal's Signature: _____
3. Secretary – Obtain Substitute if needed, give a copy to Bookkeeper if payment needed, and a copy to requestor so they have documentation of approval and substitute.

Substitutes Name: _____