

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 if Presenter: _____

Will you be requesting Professional Development Hours? **Y N** Number of Hours: _____

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:

Registration Fees \$ _____ Check to be sent Yes _____ No _____

Address of where registration & check to be sent:

➤ **Employee- Give to Payroll Clerk**
Available Professional Days _____
Approved _____
Disapprove _____

➤ **Payroll Clerk- Give to Principal**
Substitute Needed _____
No Substitute Needed _____

Substitutes Name _____

Principal Signature _____

Superintendent Signature _____

****Please attach program description and any pertinent documentation****

