

OLD FORM - PROFESSIONAL LEAVE REQUEST (eg. coaching, chaperoning)

NAME _____ SCHOOL _____

PROFESSIONAL LEAVE/CONFERENCE TITLE _____

LOCATION _____ DATE(S) _____

Complete and send original to the Central Office for consideration.

1. Explain the purpose of attendance and the benefits to students, to you, the school, or the district.

2. Estimated Expenses

- Substitute _____ days needed
- Registration \$ _____
- Mileage \$ _____
- Meals \$ _____
- Lodging \$ _____
- Other \$ _____
- Total Requested \$ _____

To Be Completed by Central Office

Amount	Source	Budget #	Approved by
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Funding Approved			_____

3. Mode of transportation _____
If county transportation is desired, attach County Transportation Request.

 Signature Date Immediate Supervisor Date

 Approved Not Approved
 Assistant Superintendent / Director Date

Professional leave and substitute approved, no county money for expenses available

If this request is not approved, it will be returned to the school. After approval, copies will be made and distributed to the following:

____ Staff Member ____ Immediate Supervisor ____ Assistant Superintendent ____ Accounting

In order to obtain your approved reimbursement, a copy of this approved request must be attached to the completed out of county travel expense account form.