

PROFESSIONAL LEAVE REQUEST FORM

Teacher
 Principal
 HR
 Bookkeeper
 District

DATE: _____

NAME: _____

ASSIGNMENT _____ BUILDING _____

DATE(S) OF LEAVE REQUEST _____

REASON FOR LEAVE (EXPLAIN) _____

DOES REQUEST PERTAIN TO SIP AND HOW? _____

***** **PROFESSIONAL LEAVE CHECKLIST** *****

ALL AREAS MUST BE FILLED OUT!

*****THE DISTRICT OFFICE DOES NOT REGISTER YOU FOR ANY EVENT *****

Only the payment is sent in after YOU register yourself.

_____ Completed Registration form attached

_____ Due Date of Registration _____ Registration Fee is \$ _____

_____ **Registration Fee Requested** *****ISSUE CHECK form MUST be attached*****

_____ **I am paying the registration myself, and will request reimbursement**

_____ Anticipated Hotel Costs _____ Anticipated Meal Costs _____ Anticipated Mileage

Do you need a sub? ___ Yes ___ No

Amount of time a sub is required ___ Whole Day ___ Half Day

***** **FOR OFFICE USE ONLY** *****

Grant Funding Source _____

APPROVED _____

DISAPPROVED _____

APPROVED _____

DISAPPROVED _____

Principal's Signature

Superintendent's Signature