

-CERTIFIED PERSONNEL-

**Request for Professional Leave**

**ALL LEAVE MUST BE APPROVED IN ADVANCE. ALL PROFESSIONAL LEAVE IF OVERNIGHT, MUST HAVE A PURCHASE ORDER ATTACHED TO THIS REQUEST.**

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

REQUEST PERMISSION TO ATTEND: \_\_\_\_\_

LOCATION \_\_\_\_\_

PURPOSE OF THE MEETING \_\_\_\_\_

RELATION TO REFORM \_\_\_\_\_

DATE(S) \_\_\_\_\_

WILL YOU NEED A SUBSITUTE? \_\_\_\_\_

IF SO, FOR WHAT DAYS WILL YOU NEED A SUSBSTITUTE? \_\_\_\_\_

- EXPENSES WILL BE PAID BY:
- PROFESSIONAL DEVELOPEMENT SCHOOL FUNDS
  - VOCATIONAL PROFESSIONAL DEVELOPMENT
  - TECH. PREP. PROFESSIONAL DEVELOPMENT
  - PROFESSIONAL DEVELOPMENT
  - CENTRAL OFFICE FUNDS
  - OTHER - LIST FUNDING AREA: \_\_\_\_\_
- \_\_\_\_\_

REQUEST MADE BY: \_\_\_\_\_

TEACHER DATE

RECOMMENDED BY: \_\_\_\_\_

PRINCIPAL DATE

APPROVED BY: \_\_\_\_\_

SUPERINTENDENT DATE