

COVINGTON COUNTY SCHOOLS
Shannon Driver, Superintendent
807 C. C. Baker Avenue
Andalusia, Alabama 36421

Date: _____

Source of Funds: _____ Local School Professional Development Funds (CO)
_____ Local School Funds
_____ Other Fund (Specify): _____

Estimated Cost \$: _____

___ Out of County Travel	___ Substitute Needed
___ DD Request	___ No Substitute Needed

Dear Mr. Driver:

This is to request your approval of (out of county travel / DD leave) for the purpose of _____.

I plan to leave Covington County on _____, 20____, and travel by District Vehicle / Personal Vehicle to _____, and return to Covington County on _____, 20____.

Justification for the above requested travel: _____.

Respectfully submitted,

Employee Signature

Employee Name Printed

(Principal's Approval)

Approved:

Superintendent of Education
(Submit in duplicate to the Superintendent of Education. Attach copy to payroll).

If form is not complete, it will be returned unapproved.

Funds Availability (CSFO)
Initials: _____