



PROFESSIONAL LEAVE REQUEST FORM

Fill out in black or blue ink:

Complete and send for supervisor's approval at least **(5) WORKING DAYS** in advance of the event)

Name: _____ Dates of Leave: _____
From - To

School/Facility: _____ Time of Leave: _____

Signature _____ Date _____

Name of Professional Leave Event _____
(Attach an agenda, a flyer or an announcement/email with information explaining the activity)

Location: _____ Sponsored By: _____

Professional Leave Estimated Expenses -complete the following:

The professional learning relates to (select one): ___field/s of certification ___personnel evaluation
___State or federal requirements ___school/system improvement plan

Substitute Teacher Needed: _____ Yes _____ No Name: _____

Estimate of Cost: \$ _____ registration \$ _____ lodging \$ _____ travel/food = \$ _____ Estimated Total

*Mileage= .545 cents per mile; Daily Hotel Rate \$100; daily Food Costs \$28 pro-rated with a maximum of \$36 for high-cost areas including Atlanta, Augusta, Brunswick and Savannah

Principal Signature of Approval of Leave Request

_____ Approved _____ Denied Funding _____
Principal/Director Signature Date

Once Professional Learning request has been approved by your immediate supervisor, send request to the Office of Professional Learning for approval and processing

Funding/Program Source to which the activity relates :(Director's Signature for Funding Approval)

Special Education _____ Federal Programs _____ CTAE _____
Professional Learning _____ QBE _____ School Nutrition _____
Transportation _____ Maintenance _____

_____ Approved _____ Not Recommended _____ Denied

Signature of Associate Superintendent _____ Superintendent _____ Date _____

FORWARD ALL REQUEST LEAVE TO DIRECTOR OF PROFESSIONAL LEARNING