

**PIEDMONT CITY SCHOOL DISTRICT**  
**Leave Request Form**

2/27/14

**NAME:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

**DATE(S) OF LEAVE:** \_\_\_\_\_

**PROFESSIONAL ACTIVITY AND LOCATION (if applicable):**

\_\_\_\_\_  
\_\_\_\_\_

**(Attach a letter of information on meeting, if available)**

**PRINCIPAL:** \_\_\_\_\_

**SUPERINTENDENT:** \_\_\_\_\_

**CHECK ONE:**  
 **PERSONAL**  
 **PROFESSIONAL**

**APPROVED**  
 **DISAPPROVED**