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| **Request for Professional Leave** | 7/31/2005 |
| **REQUEST FOR PROFESSIONAL LEAVE****COFFEE COUNTY SCHOOL SYSTEM****Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date request is submitted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| DATE(S)REQUESTED |  | A.M. | P.M. | ALL DAY |
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**REASON FOR REQUEST:**

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**FOR OFFICE USE ONLY**Your request has been:◊ Approved◊ Disapproved                   Principal’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_◊ Approved◊ Disapproved                  Superintendent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PLEASE NOTE**The Principal’s and Superintendent’s signatures are required when taking Professional Leave.ALL requests must be submitted prior to using leave. |

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