



**COOK COUNTY SCHOOLS
LEAVE APPROVAL FORM**

NAME _____

TODAY'S DATE _____

DATE/DATES OUT OF SCHOOL: _____

MEDICAL/PERSONAL LEAVE

VACATION LEAVE

PROFESSIONAL LEAVE

OTHER _____

NO REIMBURSEMENT

** IF PROFESSIONAL LEAVE, PRIOR APPROVAL MUST BE FROM PROFESSIONAL LEARNING OR APPROPRIATE PROGRAM DIRECTOR. IF FUNDS ARE TO BE REIMBURSED, A PROFESSIONAL LEAVE FORM MUST BE COMPLETED.

PLACE OF MEETING OR VISIT: _____

YOUR SIGNATURE

APPROVED (PRINCIPAL/IMMEDIATE SUPERVISOR)

APPROVED (STAFF DEVELOPMENT/PROGRAM DIR.)

APPROVED (SUPERINTENDENT)