OFFICE OF THE SUPERINTENDENT

PROFESSIONAL, SCHOOL BUSINESS REQUEST FORM

NAME OF EMPLOYEE: _____

POSITION: _____ SCHOOL: _____

DATE(S) OF LEAVE: _____

REASON FOR LEAVE: (Check only one)

_____ PROFESSIONAL DEVELOPMENT (Attach back-up)*

Site of Meeting: _____

Workshop Title: _____

**Core Curriculum Content Standard(s): _____

**Professional Development Standard(s): _____

Cost: $_____ Account/Funding Source _____

_____ SCHOOL BUSINESS – Attendance required by the Supt., DOE, County Office, etc.

Site of Meeting: _____

Purpose: _____

_____ _____
Date Requested Signature of Employee

_____ _____
Date Approved Signature of Principal

_____ _____
Date Approved Signature of Superintendent

*Except in cases of emergency, this request must be filed in writing in the Superintendent's Office 72 hours (3 working days) prior to the leave date(s) requested. Therefore, it must be processed by the principal before the 72 hours and delivered to the Director of Human Resources before the 72 hours.. Your signature on this form, for professional development only, indicates that you are willing to share the information obtained, as requested by administration. Evaluation forms MUST be filed for each professional development activity.
** CCCS & Prof. Development Standards must be provided or form will be returned denied.

Revised 6/12/03

PLEASE CHECK ONE

Substitute Needed: ___Yes ___No

IN ADDITION: Parking Space # ____