OFFICE OF THE SUPERINTENDENT

PROFESSIONAL, SCHOOL BUSINESS REQUEST FORM

NAME OF EMPLOYEE: ________________________________

POSITION: __________________ SCHOOLS: __________________

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 6/2/03

PLEASE CHECK ONE:

Substitute Needed: ___Yes ___No

IN ADDITION: Parking Space, if ___