



Request for Professional Leave
Submitted to the Principal 5 days before date:

AUTHORIZING DEPARTMENT

- | | | |
|------------------------------------------------------------|------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Pre K/Early Learning | <input type="checkbox"/> ESOL | <input type="checkbox"/> PE/Health/Wellness |
| <input type="checkbox"/> Elementary Teaching & Learning | <input type="checkbox"/> Exceptional Education | <input type="checkbox"/> School Counselors |
| <input type="checkbox"/> Middle School Teaching & Learning | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> High School Teaching & Learning | <input type="checkbox"/> Future Ready Programs | |
| <input type="checkbox"/> College and Career Tech | <input type="checkbox"/> IB Programs | |

Name: _____ School: _____

Name of Activity: _____ Date(s) Requested: _____

Justification for Attendance: _____

Full Day Half Day Job # _____

District P.D. Yes No Out of district location: _____

Substitute Required: Yes No

Authorizing Department Will or Will Not pay and/or reimburse for travel and/or registration expenses.

(If expenses will be paid and/or reimbursed, a Conference Attendance Form must be attached)

Teacher's Signature

Date

Principal's Signature

Date