



REQUEST FOR PROFESSIONAL LEAVE

MUST BE SUBMITTED AND APPROVED BY THE SUPERINTENDENT 30 DAYS BEFORE THE EVENT DATE

NAME:

SCHOOL/
DEPARTMENT:

EVENT TITLE:

EVENT DATE:

- **ATTACH A COPY of the program agenda, meeting information, and original registration form.**
- **FUNDING SOURCE: Indicate Below. (Program Coordinator's approval is required.)**

GENERAL FUND

FUNDING CODE

PROGRAM COORDINATOR

☐

Professional Development

100-1210-2213

Mrs. Crystal Parten

FEDERAL PROGRAMS

☐

Title I

402-1750-2210

Mrs. Tara Burdette

☐

Title II

414-1784-2213

Mrs. Tara Burdette

☐

Title III

460-1816-2210

Mrs. Tara Thompson

☐

Title IV

462-1779-2213

Mrs. Tara Burdette

☐

Title V - STEM

408-1847-2213

Dr. Laurie Weaver

☐

Special Education

404-2824-2210

Mrs. Kelly Rogers

☐

CTAE CTSO / Perkins

406-3324-2213

Mr. John Ellenberg

☐

OTHER:

ESTIMATED COST:

Registration:	
Lodging & Mileage:	
Meals:	
Other:	
Total:	

Employee's Signature

Date Submitted

Program Coordinator's Signature

Date Approved

Principal/Supervisor's Signature

Date Approved

Superintendent's Signature

Date Approved