GREENE COUNTY SCHOOL SYSTEM

REQUEST FOR PROFESSIONAL LEAVE

MUST BE COMPLETED AND APPROVED BY SUPERINTENDENT 30 DAYS PRIOR TO TRAINING DATE

NAME:		EVENT DATE:	
SCHOOL/ DEPARTMENT:		EVENT TITLE:	

- **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. Tara Burdette
	FEDERAL/OTHER PROGRAMS		
☐	Title I	**402-1750-2210**	Dr. Rotonya Rhodes
☐	Title II	**414-1784-2210**	Mrs. Tara Burdette
☐	Title III	**460-1816-2210**	Mrs. Tara Thompson
☐	Special Education	**404-2824-2210**	Mrs. Kelly Rogers
☐	CTAE CTSO / Perkins		Mr. John Ellenberg
☐	OTHER:		
☐	OTHER:		

ESTIMATED COST:

Registration:	
Lodging & Mileage:	
Meals:	
Other:	
Total:	$ 0.00

Employee's Signature *Date Submitted:*

Program Coordinator's Signature *Date Approved:*

Principal/Supervisor's Signature *Date Approved:*

Superintendent's Signature *Date Approved:*

EFF: 08/01/2011
REV: 08/01/2022