

New Hanover County Schools

Professional Leave Request Form

All Leave Request Forms must be signed by the Employee and the appropriate Supervisor prior to submission for final approval by the Program Administrator.

(Use tab key to progress to next cell)

Date _____

Name _____ Last 4 digits of SS # _____

Site _____

Date from _____ Date to _____

Location of Professional Activity _____

Topic _____

State reason for request and relationship with your professional responsibilities below.
In addition, attach a copy of the program.

PAYROLL EXPENSE AUTHORIZATION

Substitute will be needed: Yes No

BUDGET CODE FOR SUBSTITUTE

BUDGET CODE FOR NON-PAYROLL EXPENSES

NON-PAYROLL EXPENSE AUTHORIZATION	
Projected Expenses	
Registration	\$
Transportation	
Lodging	
Meals	
Other (explain)	
TOTAL	\$

Employee _____
EMPLOYEE SIGNATURE

DATE

Approved _____
IMMEDIATE SUPERVISOR

DATE

Approved _____
PROGRAM BUDGET ADMINISTRATOR

DATE