



Rogersville City School
Request For Professional Leave
(Copy of Registration / Agenda Must Be Attached)

This form should be submitted to Director of Schools or Principal five (5) days prior to the requested date of leave.

Employee Name: _____

I hereby request professional leave for the following dates:

From: _____ **To:** _____

Reason for Leave: _____

Funding Source: _____

(GP, Title's, Special Ed., CSH, Technology, Grant, Other) Please be specific

Substitute's Name: _____

Approved: _____

(Director of Schools)

Approved: _____

(Principal)

Not Approved Reason: _____

Not Approved: _____

(Director of Schools)

Not Approved: _____

(Principal)