

**SOUTH POINT LOCAL SCHOOL DISTRICT**

**APPLICATION FOR PROFESSIONAL DAY**

Per Article 15 of the Master Contract

**EMPLOYEE REQUEST** \_\_\_\_\_ **ADMINISTRATIVE REQUEST** \_\_\_\_\_

Request for \_\_\_\_\_ day(s) leave by member of the professional staff.

Date of application of leave \_\_\_\_\_

Date(s) of leave \_\_\_\_\_

Name \_\_\_\_\_

School \_\_\_\_\_ Position \_\_\_\_\_

Reasons for leave  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will a substitute be needed? \_\_\_\_\_

Is reimbursement for the substitute available? \_\_\_\_\_

Who should be invoiced for reimbursement? \_\_\_\_\_

LIST ANTICIPATED EXPENSES IF  
SUCH IS TO BE CONSIDERED FOR  
PAYMENT BY THE SOUTH POINT  
BOARD OF EDUCATION:

TRAVEL/MILEAGE:	_____	\$ _____
MEALS	_____	\$ _____
LODGING:	_____	\$ _____
INCIDENTALS:	_____	\$ _____
REGISTRATION FEES	_____	\$ _____

Approval  
Signature of:

TOTAL \$ \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_