

**PROFESSIONAL/ACTIVITY LEAVE REQUEST FORM
WINSTON COUNTY BOARD OF EDUCATION**

NOTE: Request for professional or activity leave must be submitted at least 10 days prior to the anticipated leave date. Temporary leave request for more than three (3) days must be submitted 20 days to prior the anticipated leave date.

Type of leave requested: ___ Professional ___ Activity

Name: _____ School/Work Site _____

Location of Activity: _____ Title of Activity _____

I hereby request leave from my official duties based on the following information: (explain in full) _____

Number of Day(s) employee to be absent: _____ Date(s): _____

Signature: _____ Date _____
Employee

TO BE COMPLETED BY THE PRINCIPAL/WORK SITE SUPERVISOR

Leave Approved: ___ Yes ___ No

If yes, is substitute requested? ___ Yes ___ No

Substitute will be paid from: (Check one) ___ Local School Fund Activity # _____
 ___ State Professional Development Funds
 ___ Federal Professional Development Funds
 ___ Employee Personal Funds to Central Office

Travel expenses will be reimbursed from: ___ Local School Fund ___ State PD ___ Federal PD
 ___ Other (specify) _____

Professional Development Chairperson Signature _____ Date _____

Principal/Supervisor Signature _____ Date _____

SUPERINTENDENT APPROVAL

Leave Approved: ___ Yes ___ No

Superintendent Signature _____ Date _____

For Central Office Use Only

Payroll Code for Substitute ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___