FORT MILL SCHOOLS
Office of Superintendent

Professional Leave: In/Out of District Request

Please Print

Employee Name Printed	**Signature of Employee**	**School**

I request day(s) of professional leave (at full pay) to attend:

Please describe fully. Agenda or program must be attached to this request.

The date(s) of absence will be: _____

Destination: _____

Principal/Supervisor : Recommend: _____ ; Does Not Recommend: _____

Principal/Supervisor Signature Date

Comments _____

IMPORTANT
This request must be approved two weeks prior to absence. Approval of this request does not commit the district to payment of expenses. The applying staff member must make a separate reimbursement request if financial assistance is desired.

**** Please submit request to Principal or Supervisor after completing the top section.**