

CLAIBORNE PARISH SCHOOLS

**P.O. Box 600
Homer, LA 71040
318-927-3502**

REQUEST FOR PROFESSIONAL LEAVE

TO: _____
Administrator

DATE: _____

FROM: _____

LOCATION: _____

I/We request to be absent for professional duties for the following:

1. Meeting/Conference/Reason: _____

2. Place: _____

3. Role: (circle one) presenting participating attending

4. Date (s): _____ Date (s) Absent from Worksite: _____

5. A substitute teacher (will) (will not) be needed.

6. The district (is) (is not) requested to pay for the substitute.

7. Expenses will be paid by: (circle one)

State School District Other: _____

8. Estimated costs to the district:

Registration: _____ Transportation: _____

Lodging: _____ Meals: _____

Other: _____ Total: _____

ADDITIONAL COMMENTS: _____

Requestor's Signature

Approved: _____
Administrator

Approved/Disapproved: _____
Superintendent

Distribution: Original to Business Office Copies to Requestor, Personnel File, Worksite

**ATTACH COPIES OF INVITATION LETTER, AGENDA,
BROCHURES, ETC. OR OTHER INFORMATION AS APPROPRIATE.**