

WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT

APPLICATION FOR EDUCATIONAL LEAVE

Name of Applicant: _____ Date: _____

Subject Taught: _____ Building: _____

Inclusive dates of requested Educational Leave:

From: _____ To: _____

Use a separate sheet(s) of paper to describe the following:

1. Statement of purpose of the leave and specific outline of the proposed plan of study.
2. Outline of proposed program of study.
3. State some specific ways in which you expect your proposed program of study will help you to provide some effective instruction or service in your position in the West Irondequoit schools.
4. Describe the means by which you will communicate significant findings from your educational leave to members of the West Irondequoit professional staff.

Signature of Applicant

Approval Recommended

Approval Not Recommended

Reason(s) for recommendation: _____

Building Principal

Approval Recommended

Approval Not Recommended

Reason(s) for recommendation: _____

Superintendent of Schools