

**Hoover City Schools**  
**REQUEST FOR PROFESSIONAL LEAVE**  
*Version - January 2024*

Name \_\_\_\_\_ School / Department \_\_\_\_\_  
 Date submitted \_\_\_\_\_ Number of **work** day(s) leave is requested \_\_\_\_\_

Number of professional leave **work** days already approved this school year (**June 1 to May 31**) \_\_\_\_\_

Date(s) you will be away: Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

City (or location if in Birmingham) where you will be \_\_\_\_\_

Purpose of leave (name of conference, workshop, activity, etc.) \_\_\_\_\_

Do you have special responsibilities (presenter, officer, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what are they? \_\_\_\_\_

Will a substitute be necessary for the days you are away from school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how will the substitute be paid? \_\_\_\_\_ School - Approved by \_\_\_\_\_

Account \_\_\_\_\_

\_\_\_\_\_ District - Approved by \_\_\_\_\_

Account \_\_\_\_\_

\_\_\_\_\_ Other - \_\_\_\_\_

**SUBSTITUTE NAME:** \_\_\_\_\_

*Complete this section if leave expenses other than a substitute will be requested from the school or district.*

<b>Estimated Expenses:</b>	
Registration	\$ _____
Accommodations	\$ _____
Food - One Day Travel _____ \$15.00/day	\$ _____
Food - In state _____ day(s) overnight at \$75.00/day	\$ _____
Food - Out-of-state _____ day(s) overnight at \$85.00/day	\$ _____
Travel - Car _____ miles at \$ 0.67/mile	\$ _____
Other travel (airfare, parking, etc.) _____	\$ _____
Miscellaneous _____	\$ _____
<b>Total Estimated Expenses (Not Including Substitute):</b>	<b>\$ _____</b>
<b>Expenses will be paid by:</b>	
_____ School - Approved by _____	
	Account _____
_____ District - Approved by _____	
	Account _____
_____ Other - _____	
After the leave occurs a <b>TRAVEL EXPENSES FORM</b> including receipts for hotels, registration, airfare, and miscellaneous expenditures must be attached to this form for reimbursement.	

\_\_\_\_\_  
 Signature of Person Requesting Leave \_\_\_\_\_ Date

\_\_\_\_\_  
 Principal or Superintendent Designee \_\_\_\_\_ Date

**NOTE: Hoover City Schools policy 5.10.7 limits professional leave days to five (5) days per scholastic year. Any leave exceeding this limit must be approved by the Superintendent or designee.**