

CAMPBELL COUNTY SCHOOLS
PROFESSIONAL LEAVE REQUEST

DEPARTMENT: _____ BUDGET LINE ITEM # _____

All professional leave request require documentation validating the type and dates of the meeting and course of study or activity. Leave request shall be presented to the principal and the appropriate system level supervisor for consideration of approval **4 weeks** prior to the requested leave date. This is the only way to ensure travel will be available prior to the event. Otherwise, you will be reimbursed after you return.

TEACHER NAME: _____

SCHOOL: _____

DATE(S) FOR REQUESTED LEAVE: _____

Type, location, and description of course of study or activity:
(PLEASE ATTACH INFORMATION)

_____ TEACHER'S SIGNATURE	_____ DATE	_____ APPROVED
_____ PRINCIPAL'S SIGNATURE	_____ DATE	_____ APPROVED
_____ SUPERVISOR'S SIGNATURE	_____ DATE	_____ APPROVED
_____ DIRECTOR OF SCHOOLS SIGNATURE	_____ DATE	_____ APPROVED
