GREENE COUNTY SCHOOL SYSTEM

REQUEST FOR PROFESSIONAL LEAVE

MUST BE SUBMITTED AND APPROVED BY THE SUPERINTENDENT 30 DAYS BEFORE THE EVENT DATE

NAME:		**SCHOOL/ DEPARTMENT:**	
EVENT TITLE:		**EVENT DATE:**	

- **ATTACH A COPY of the program agenda, meeting information, and original registration form.**
- **FUNDING SOURCE: Indicate Below. (Program Coordinator's approval is required.)**

	GENERAL FUND	**FUNDING CODE**	**PROGRAM COORDINATOR**
☐	Professional Development	**100-1210-2213**	Mrs. Crystal Parten
	FEDERAL PROGRAMS		
☐	Title I	**402-1750-2210**	Mrs. Tara Burdette
☐	Title II	**414-1784-2213**	Mrs. Tara Burdette
☐	Title III	**460-1816-2210**	Mrs. Tara Thompson
☐	Title IV	**462-1779-2213**	Mrs. Tara Burdette
☐	Title V - STEM	**408-1847-2213**	Dr. Laurie Weaver
☐	Special Education	**404-2824-2210**	Dr. Kimberley Simmons
☐	CTAE CTSO / Perkins	**406-3324-2213**	Ms. Mariana Mansfield
☐	OTHER:		

ESTIMATED COST:

Registration:	
Lodging & Mileage:	
Meals:	
Other:	
Total:	**0.00**

Employee's Signature *Date Submitted*

Program Coordinator's Signature *Date Approved*

Principal/Supervisor's Signature *Date Approved*

Superintendent's Signature *Date Approved*

EFF: 08/01/2011
REV: 12/07/2023