

CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT
Request for Bonus Leave Day for Cooperating Teacher
PLEASE RETURN COMPLETED COPY TO THE BUILDING PRINCIPAL

Date: _____

Name: _____ Campus: _____

Grade/Assignment: _____ Date of Bonus Leave: _____

Name of Student Teacher: _____

University/Program: _____

Period of Assignment _____

In accordance with district practice, and in agreement with the university supervisor, I am requesting one (1) day of bonus leave or two half days of bonus leave if applicable on the date(s) indicated above. I understand that this day will not be applied against any accumulated sick leave under the district's sick leave policy. I have read and understand the district guidelines for granting personal leave days for cooperating teachers. Furthermore, I understand that my building principal has final authority in approving this request.

Cooperating Teacher _____ Date _____

To be completed by the student teacher:

I agree to take full responsibility of the classroom as indicated above and have been informed of my duties and responsibilities.

Student Teacher _____ Date _____

To be completed by the University/Program Supervisor:

In my best professional judgment, I affirm that the student teacher named above is capable and willing to assume total responsibilities.

University/Program Supervisor University/Program Date

To be completed by the building principal:

In my best professional judgment, I affirm that the student teacher named above is capable and willing to assume total responsibilities. The bonus leave day is:

☐ Approved

☐ Denied

Principal

Date