



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
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> Professional Development	<u>100-1210-2213</u>	Dr. Jody Worth
FEDERAL PROGRAMS		
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> Title I	<u>402-1750-2210</u>	Mrs. Tara Burdette
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> Title II	<u>414-1784-2213</u>	Mrs. Tara Burdette
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> Title III	<u>460-1816-2210</u>	Mrs. Tara Thompson
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> Title IV	<u>462-1779-2213</u>	Mrs. Tara Burdette
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> Title V	<u>408-1847-2213</u>	Mrs. Tara Burdette
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> Special Education	<u>404-2824-2210</u>	Dr. Kimberley Simmons
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> CTAE CTSO / Perkins	<u>406-3324-2213</u>	Ms. Mariana Mansfield
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> 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