Sheffield – Sheffield Lake City School District
Pre-Authorization Request for Professional Leave

Date of submission:	
Employee Name & School Building:	
Meeting Location and Date(s) of Meeting:	
Sponsoring Organization:	
I request _____ day(s) of professional leave	☐ Full Deduction of Salary ☐ Without Deduction
How will this meeting meet the needs of the school district?	
Are you a member of the sponsoring organization?	Do you hold a special position?
Principal's comments:	☐
Is a substitute needed?	If half a day, I will be gone: AM ☐ PM

ESTIMATED EXPENSES

Transportation Mode	Estimated Costs
Lodging Name _____nights @ _____ per night	
Meals	
Conference Fees	
Other	
Total Estimate	

OFFICE USE ONLY

Date received:

Fund Source(s):
- ☐ General Fund
- ☐ Local Professional Development
- ☐ Drug Free
- ☐ Grant
- ☐ Title I
- ☐ Eisenhower
- ☐ Title VI
- ☐ Other

☐ Approved ☐ Not Approved

Superintendent / Supervisor Date

Comments