PROFESSIONAL/ACTIVITY LEAVE REQUEST FORM
WINSTON COUNTY BOARD OF EDUCATION

NOTE: Request for professional or activity leave must be submitted at least 10 days prior to the anticipated leave date. Temporary leave request for more than three (3) days must be submitted 20 days to prior the anticipated leave date.

Type of leave requested: _____ Professional _____ Activity

Name: _____ School/Work Site:_____

Location of Activity: _____ Title of Activity: _____

I hereby request leave from my official duties based on the following information: (explain in full)_____

_____

Number of Day(s) employee to be absent:_____ Date(s) of Leave: _____

Is substitute requested? ____Yes ____No Substitute Name: _____

Signature: _____Date_____
Employee

TO BE COMPLETED BY THE PRINCIPAL/WORK SITE SUPERVISOR

Leave Approved: ____Yes ____No

Substitute will be paid from: (Check one) ____ Local School Fund Activity #_____
____ State Professional Development Funds
____ Federal Professional Development Funds

Travel expenses will be reimbursed from: ____ Local School Fund ____ State PD ____ Federal PD
____ Other (specify)_____

Professional Development Chairperson Signature_____ Date_____

Principal/Supervisor Signature _____ Date_____

SUPERINTENDENT APPROVAL

Leave Approved: ___ Yes ____No

Superintendent Signature _____ Date _____

For Central Office Use Only

Payroll Code for Substitute ____-__-_____-_____-_____-_____-___-_____-_____