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

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

☐ Approved ☐ Not Approved

Superintendent / Supervisor Date

Comments Date received: