

TEMPORARY PROFESSIONAL LEAVE REQUEST FORM
COLBERT COUNTY BOARD OF EDUCATION
Tuscumbia, Alabama

Request for Temporary Professional Leave with pay. Form must be submitted to Superintendent at least ten (10) days prior to anticipated leave date.

Name: _____

School/Work Site: _____

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

Day(s) employee to be absent: _____ Date(s): _____

Have you used professional leave this year? () Yes () No How many days?

Who is providing funding for the activity/substitute: _____

Employee Signature: _____

TO BE COMPLETED BY THE PRINCIPAL/WORK SITE SUPERVISOR

Leave Approved: () Yes () No If yes,

Is substitute requested? () Yes () No

Will substitute be paid from local school funds? () Yes () No

Will substitute pay be deducted from employee? () Yes () No

Will travel be paid from local school funds? () Yes () No

Will any expenditure for this activity be paid by federal programs? _____ () Yes () No

Is this Professional Development activity in your School Professional Development Plan? () Yes () No

Principal/Supervisor Signature: _____

TO BE COMPLETED BY THE INDIVIDUAL AUTHORIZING THE FUNDS

Signature of Individual Authorizing Funds: _____

SUPERINTENDENT APPROVAL

Leave Approved: ____ Yes ____ No If yes,

Approved with pay. () Yes () No

Approved without pay. () Yes () No

Approved with local school paying substitute. () Yes () No

Approved with employee paying substitute. () Yes () No

Approved with local school paying travel costs. () Yes () No

Approved with employee paying travel costs. () Yes () No

Approved with Board paying substitute. () Yes () No

Approved with Board paying travel costs. () Yes () No

Superintendent Signature: _____ Date: _____