

MADISON COUNTY SCHOOLS
PROFESSIONAL LEAVE REQUEST

Name: _____ School: _____

Position (Grade/Subject): _____ Date(s) of Absence: _____

Title of Activity: _____

Destination: _____

Purpose of Request and how it will benefit the Madison County School System and your professional goal:

[Empty box for purpose of request]

How will class be covered? (Check one) [] Substitute [] In-House

Funding Source:

School System (Check one)

- [] Federal Program
[] System Staff Development
[] Other (Specify)

Local School (Check one)

- [] Staff Dev-Actv #2820
[] Other (Specify)

Estimated Cost: (Check all that apply, specify amount)

Funding Source:

- [] Salary \$
[] Travel: [] Air [] Automobile [] Other
[] Lodging: Number of Nights
[] Food Number of Meals
[] Registration Fee

School System (Check one)

- [] Federal Program
[] System Staff Development
[] Other (Specify)

Local School (Check one)

- [] Staff Dev-Actv #2820
[] Other (Specify)

TOTAL \$

Signature of Person Requesting Leave Date

[] Approved [] Disapproved

Signature of Principal or Direct Supervisor Date

[] Approved [] Disapproved

Signature of Superintendent or Designee Date

Approved: November, 1975 Revised: June, 1996
Revised: September, 1988 Revised: February 2009
Revised: September, 1991 Revised: August 2010
Revised: September, 1993

MADISON COUNTY BOARD OF EDUCATION

ORIGINAL - Central Office COPY - School Secretary / Bookkeeper COPY- Payroll COPY - Employee