MADISON COUNTY SCHOOLS
PROFESSIONAL LEAVE MULTI-REQUEST

School/Site: _____

Date(s) of Absence: _____

Title of Activity: _____

Location of Activity: _____

Purpose of Request: _____

_____

_____

EMPLOYEE	EMPLOYEE #	*SUBSTITUTE	SUBSTITUTE #
1			
2			
3			
4			
5			
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25			

* **Complete Substitute information after meeting and before sending form to Payroll**

Funding Source _____ Account # _____

☐ Approved ☐ Disapproved _____ _____
Signature of Principal or Direct Supervisor Date

☐ Approved ☐ Disapproved _____ _____
Signature of Superintendent or Designee Date

Original - Payroll **Copy - School Bookkeeper** **Copy - Central Office**

1/16/04