

# OTSEGO PUBLIC SCHOOLS

## Professional Leave Request for Teachers

Teacher: \_\_\_\_\_ Building: \_\_\_\_\_

Day and Date of Absence: \_\_\_\_\_

Substitute required: Yes \_\_\_\_\_ No \_\_\_\_\_

All day: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ Sub Arrival Time \_\_\_\_\_ (If P.M. checked)

Title of Workshop/Activity: \_\_\_\_\_

Location: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

***Please attach a copy of the brochure/flyer***

How does this activity relate to your Individual Development Plan (IDP), tie into the building's school improvement goals and/or relate to your continued development as a teacher?

\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to share the information you receive with your colleagues? Yes  No

If yes, what support do you need from the administration and how would you like to present it – grade level meeting, department meeting, one-to-one contact, full faculty meeting?

\_\_\_\_\_

Approved  Denied Reason: \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

**Paid by:**

Building Conference Fund

Title II Fund

Fees Reimbursed by AAESA:  Registration  Substitute

***NOTE: If paid by Title II or to be billed to AAESA, submit a copy to Dawn Cook, Administration Office***