

Fairview Area Schools

PROFESSIONAL LEAVE REQUEST

INSTRUCTIONS

Process requests at least ten (10) days in advance. Principal disapproval of professional leave may be appealed to the superintendent, at the staff member's option.

Name _____ Grade or Department _____

Conference Title _____ Location _____

Sponsor _____ Member: YES ____ NO ____

Purpose or Connection to Curriculum _____

Number of School Days Missed _____ Dates to be Gone _____

Estimated Cost: _____ Substitute days X _____ = _____

Registration Fee _____

Transportation Costs _____

Meals _____

Staff Signature: _____ Lodging _____

Staff signature indicates commitment to attend and fully participate in the conference activities. Other _____

Total Cost _____

Reimbursement for expenses incurred as a result of this leave requires submission of receipts within 30 days. If authorized, expenses are reimbursable up to \$ _____ from the _____ account.

Principal or Supervisor: Approved _____ Disapproved _____ Date _____

Signature: _____ Reason for Disapproval: Unmet Requirements _____

Conflicts with other leaves _____ Expenses exceed budget _____ Other _____

RECIEPTS MUST BE SUBMITTED FOR PAYMENT!