

# MONROEVILLE LOCAL SCHOOLS PROFESSIONAL LEAVE REQUEST

All persons requesting a Professional Leave must complete this form and submit it to their building principal/supervisor fifteen days prior to the scheduled activity. Please attach to the application all supporting information describing the activity.

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Building/Dept. \_\_\_\_\_ Assignment \_\_\_\_\_

Name of Activity \_\_\_\_\_

Purpose \_\_\_\_\_ Your Capacity \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_ Member?  Yes  No

Place of Activity \_\_\_\_\_ Date(s) \_\_\_\_\_

Number of Nights Lodging \_\_\_\_\_ Date(s) \_\_\_\_\_ Location \_\_\_\_\_  
**(Only for locations 125 miles from the district/or meeting or conferences starting before 9 AM)**

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_ Round Trip Distance \_\_\_\_\_

Transportation Type \_\_\_\_\_ Additional Monroeville Employee(s) \_\_\_\_\_

Registration Fee \_\_\_\_\_ Total Expected Cost to the District \_\_\_\_\_

PO FOR REGISTRATION AND PO FOR REIMBURSEMENT OF EXPENSES MUST ACCOMPANY THIS REQUEST.

Substitute needed  All Day  A.M. \_\_\_\_\_ P.M. (From \_\_\_\_\_ to \_\_\_\_\_)



### OFFICE USE ONLY

\_\_\_\_ Approved      Principal/Supervisor \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_ Not Approved      Reason \_\_\_\_\_

\_\_\_\_ Approved      Superintendent \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_ Not Approved      Reason \_\_\_\_\_