

# REQUEST FORM FOR PROFESSIONAL LEAVE

## ADMINISTRATIVE APPROVAL SECTION

Substitute Needed? Yes \_\_\_\_\_ No \_\_\_\_\_ Full Day \_\_\_\_\_ ½ Day \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### CENTRAL OFFICE USE ONLY:

Substitute Paid By:	Operational _____	RCCIX _____	Title I _____
(Identify Appropriate Account(s))	NMACT _____	Impact Aid ISA _____	Title II _____
	NMNEA _____	Impact Aid Sped _____	Title IV _____
	Other _____		Title V-A _____

Account Number \_\_\_\_\_

Business Office Approval: \_\_\_\_\_ Date \_\_\_\_\_

Approved: \_\_\_ Not Approved: \_\_\_ Superintendent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYEE SECTION: *(Employee must complete **BOTH** parts of this section.)*

- Leave must be requested FIVE days prior to leave date.
- Attach completed "Staff Development Activity Page".
- Bottom half of this section will be returned to employee after Superintendent's Approval.

Today's Date: \_\_\_\_\_

Person Requesting **PROFESSIONAL** Leave: \_\_\_\_\_

Date of Requested Leave: \_\_\_\_\_ - \_\_\_\_\_

Reason: \_\_\_\_\_

Where: \_\_\_\_\_

Person Requesting **PROFESSIONAL** Leave: \_\_\_\_\_

Date of Requested Leave: \_\_\_\_\_ - \_\_\_\_\_

Reason: \_\_\_\_\_

Where: \_\_\_\_\_

**Approval of your leave has been granted when you receive this part of the form back.**