

# New Hanover County Schools

## Professional Leave Request Form

All Leave Request Forms must be signed by the Employee and the appropriate Supervisor prior to submission for final approval by the Program Administrator.

(Use tab key to progress to next cell)

Date \_\_\_\_\_

Name \_\_\_\_\_ Last 4 digits of SS # \_\_\_\_\_

Site \_\_\_\_\_

Date from \_\_\_\_\_ Date to \_\_\_\_\_

Location of Professional Activity \_\_\_\_\_

Topic \_\_\_\_\_

State reason for request and relationship with your professional responsibilities below.  
In addition, attach a copy of the program.

### PAYROLL EXPENSE AUTHORIZATION

Substitute will be needed:  Yes  No

\_\_\_\_\_

BUDGET CODE FOR SUBSTITUTE

\_\_\_\_\_

BUDGET CODE FOR NON-PAYROLL EXPENSES

<b>NON-PAYROLL EXPENSE AUTHORIZATION</b>	
Projected Expenses	
Registration	\$
Transportation	
Lodging	
Meals	
Other (explain)	
<b>TOTAL</b>	<b>\$</b>

Employee \_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

Approved \_\_\_\_\_  
IMMEDIATE SUPERVISOR

\_\_\_\_\_  
DATE

Approved \_\_\_\_\_  
PROGRAM BUDGET ADMINISTRATOR

\_\_\_\_\_  
DATE