

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.