

# Sheffield-Sheffield Lake City Schools

## Request for Professional Leave



Name		Building	Date of Submission
I request ____ day(s) of professional leave		Date(s) of Meeting	
Sponsoring Organization	Location of Meeting		<input type="checkbox"/> Full Deduction of Salary <input type="checkbox"/> Without Deduction
How will this meeting meet the needs of the school district?			
Are you a member of the sponsoring organization? Do you hold a special position?			
Principal's Comments:			
Is a substitute needed?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If Half Day I will be gone <input type="checkbox"/> AM <input type="checkbox"/> PM

### Estimated Expenses

Transportation Mode	Estimated Costs
Lodging-Name	____ Nights @ _____ per Night
Meals	
Conference Fees	
Other	
Total Estimate	

### Office Use Only

Date Received		
Fund Source(s)		
<input type="checkbox"/> General Fund	<input type="checkbox"/> Title I	
<input type="checkbox"/> Local Professional Development	<input type="checkbox"/> Eisenhower	
<input type="checkbox"/> Drug Free	<input type="checkbox"/> Title VI	
<input type="checkbox"/> Grant:	<input type="checkbox"/> Other:	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Superintendent	Date
Comments		