

WASHINGTON CO BOARD OF EDUCATION  
P.O. BOX 1359  
CHATOM, AL 36518

REQUEST FOR PROFESSIONAL LEAVE

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL/OFFICE: \_\_\_\_\_

DATE(S) REQUESTED FOR PROFESSIONAL LEAVE: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PURPOSE FOR LEAVE REQUEST: (Please attach brochure, program, etc...)

\_\_\_\_\_  
\_\_\_\_\_

ACIP Goal # \_\_\_\_\_ Activity # \_\_\_\_\_

ACIP Goal Not Applicable \_\_\_\_\_

Number of Professional Leave Days Requested: \_\_\_\_\_

(Must check one and specify fund to prevent denial)

\_\_\_\_\_ Board paying for substitute Fund: \_\_\_\_\_

\_\_\_\_\_ School paying for substitute School: \_\_\_\_\_

PDL Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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(Central Office Use Only)

Federal Programs Coordinator \_\_\_\_\_ SPE Coordinator \_\_\_\_\_ General \_\_\_\_\_

Federal Programs Bookkeeper \_\_\_\_\_ Funding Code: \_\_\_\_\_

Professional Leave Approved: \_\_\_\_\_

Professional Leave Denied: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_