

PROFESSIONAL LEAVE REQUEST FORM

Employee Name: _____ Employee Number: _____

School Assigned: _____ Date: _____

Reason for Professional Leave: _____
(Attach/Include Agenda, OC Travel Form)

Dates Requested: _____

Substitute Required: _____ All Days OR Specific Dates: _____

In-House Coverage: _____ All Days OR Specific Dates: _____

Employee Signature: _____

Principal Signature: _____

Director Signature: _____ Funding Source: _____

Superintendent Signature: _____

AUTHORIZATION CODE: _____ JOB NUMBER: _____

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