



CLARKE COUNTY BOARD OF EDUCATION PROFESSIONAL LEAVE REQUEST

Date of Request: _____
Please plan accordingly. Prior approval must be granted before attending activity.

Employee's Name: _____

School/Department: _____

Reason For Request: _____

Plan for Implementation: _____
How will the gained knowledge be disseminated to the applicable staff or co-workers?

Location of Activity: _____

Date (s) of Activity: _____

Please Check Below:

	Central Office Professional Development	Central Office Designate Fund	Federal Funds Designate Fund	Local School
Registration				
Mileage				
Lodging				
Meals				
Substitute				

GL Account#: _____

Employee's Signature

Director's Signature

Principal's Signature

Superintendent's Signature

Date of Approval

Date of Approval

NOTE: Please complete a separate request form for each trip.

**Please attach the agenda/program/invitation for the professional event for which you are requesting leave.*