

# CLINTON-MASSIE LOCAL SCHOOLS

## PROFESSIONAL LEAVE REQUEST

Requests must be approved by the building principal and submitted to the Superintendent at least two weeks prior to the meeting.

NAME	TODAY'S DATE
BUILDING	GRADE LEVEL/DEPARTMENT
NAME OF CONFERENCE OR VISITATION	
CITY	DATE(S) OF CONFERENCE

PURPOSE: \_\_\_\_\_  
 \_\_\_\_\_

### ESTIMATED EXPENSES

REGISTRATION*	_____
LODGING FOR ____ NIGHT (S)*	_____
FOOD*	_____
MILEAGE (____ MILES X .555)	_____
PARKING (if applicable)	_____
ESTIMATED TOTAL	_____

NUMBER OF DAYS A SUBSTITUTE WILL BE NEEDED \_\_\_\_\_  
 \*ITEMIZED RECEIPTS WILL BE NEEDED\* APPLICANT'S SIGNATURE \_\_\_\_\_

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\_\_\_\_ Approved    \_\_\_\_ Denied    \_\_\_\_\_  
 PRINCIPAL DATE \_\_\_\_\_

\_\_\_\_ Approved    \_\_\_\_ Denied    \_\_\_\_\_  
 SUPERINTENDENT DATE \_\_\_\_\_

COPIES:    (    )    Applicant  
               (    )    Principal  
               (    )    Treasurer