**REQUEST FOR PROFESSIONAL LEAVE**

**Coffee County School System**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE REQUEST IS SUBMITTED\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE(S) REQUESTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a.m. p.m. All Day**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a.m. p.m. All Day**

**REASON FOR REQUEST: (Please include location of meeting)**

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**FOR OFFICE USE ONLY**

**Your request has been:**

* Approved
* Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature

* Approved
* Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent’s Signature

**PLEASE NOTE:**

* The Principal’s and Superintendent’s signatures are required when requesting professional leave.
* .All requests must be submitted prior to using leave.

Revised: 10/20/15