

ESCAMBIA COUNTY PROFESSIONAL DEVELOPMENT LEAVE FORM

NOTE: Documentation MUST be attached to this form.

Please grant professional leave to _____
_____ (Name)
_____ for _____
(Employee=s Department/School) (Date)

This request is made for the following purpose:

- _____ State Department of Education Meeting
- _____ School Field Trip (School Check must be attached to Approved form for payroll)
- _____ Attend Workshop / Conference
- _____ Attend Professional Meetings
- _____ Attend District/State/National Competitions
- _____ Other Activity (Please Specify)

Substitute Needed: Yes _____ No _____

Fund Substitute and/or Travel to be Paid from: (must be marked to be approved)

- _____ Foundation Professional Dev. Funds
- _____ LEA Local-County (6001)
- _____ Local School Funds (7101/7501) **(Send Check)**
- _____ Federal Funds (Be Specific) _____ (TitleI, TitleII, TitleVI, 21^SCCLC, CNP, Perkins, IDEA)
(Fund)
- _____ Other (Be Specific) _____
(Fund)

Overnight Stay: _____ Yes _____ No If yes, how many nights? _____

_____ **I have read and fully understand the ECBOE travel reimbursement guidelines.**
Initials

Employee Signature

Principal/Supervisor Signature

Request Date: _____
(must be 10 days prior to workshop)

Approved: _____ Denied _____

Superintendent Of Education