

DISTRICT OF COLUMBIA PUBLIC SCHOOLS

APPLICATION FOR ADMINISTRATIVE LEAVE

(For use by ET-15 and ET-08 Personnel)

1. Name of Employee _____ SSN: _____
2. School/Division _____ Position _____
3. Office Phone Number _____ Number of days requested _____
4. Starting date _____ Completion Date _____
5. Name and address of activity (attach catalog, brochure, announcement, flyer, etc. to this form)

6. Justify the direct impact that this activity will have on the instructional program:

Signature _____
Employee

Date signed _____

Approved/Not Approved _____
Principal/Supervisor Officer

Date _____

Not approved for the following reason(s):

Note: This form should be submitted in triplicate to your immediate supervisor ten (10) work days prior to the scheduled activity. The employee may not attend the scheduled activity without the written authorization the principal or supervisory officer in charge of your work site.