

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)

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.