

**MINFORD LOCAL SCHOOLS
Professional Leave Form**

EMPLOYEE'S NAME _____

DATE SUBMITTED _____

PURPOSE _____

DATES _____ **PLACE WHERE HELD** _____

SIGNATURE _____ **TITLE** _____

DEPARTMENT _____ **SCHOOL** _____

ESTIMATED EXPENSES

DISTANCE _____ **FARE** _____ **REGISTRATION** _____
(Round Trip) (Round Trip)

LODGING _____ **FOOD** _____ **OTHER COSTS** _____

IF SUBSTITUTE NEEDED, HOW MANY DAYS? _____

IF SUBSTITUTE NOT NEEDED, PLEASE CHECK _____

SIGNED _____

Building Principal

DATE RECEIVED IN SUPERINTENDENT'S OFFICE _____

TOTAL AMOUNT APPLIED FOR _____

AMOUNT APPROVED _____

SIGNED _____

Superintendent of Schools

PLEASE SUBMIT ORIGINAL AND 2 COPIES

- 1 – Superintendent**
- 2 – Principal**
- 3 – Employee**

Upon returning from professional leave, the following items should be submitted ASAP to the Treasurer's office for reimbursement:

- this form**
- all receipts of expenditure**
- an expense form**