

**CRENSHAW COUNTY PUBLIC SCHOOLS  
APPLICATION FOR PROFESSIONAL LEAVE**

Employee: \_\_\_\_\_

School: \_\_\_\_\_

I hereby request permission to attend: \_\_\_\_\_

\_\_\_\_\_  
(Specify workshop, professional training, etc. **Also attach an agenda.**)

Location: \_\_\_\_\_ Date(s): \_\_\_\_\_

Funding Source: \_\_\_\_\_

- \* Reimbursement requested for:
- \_\_\_\_\_ Registration (specify amount)     \$\_\_\_\_\_
- \_\_\_\_\_ Mileage
- \_\_\_\_\_ Lodging (specify amount)     \$\_\_\_\_\_
- \_\_\_\_\_ Pier Diem
- \_\_\_\_\_ Substitute (number of days)     \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(School Committee member)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Program Director, if applicable)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Superintendent)

**Note:** This form must be in the superintendent’s office no later than **10 days prior** to the date of leave. No leave request for more than three (3) days will be approved without prior approval of the Board of Education.