

# PUTNAM COUNTY SCHOOLS PROFESSIONAL LEAVE REQUEST FORM

*(Must be approved by Level Director at least 10 working days prior to the leave date(s) requested)*

Note: Requests received after the 10 day deadline must be accompanied by a letter justifying the delay as an emergency situation. Otherwise, late requests will not receive consideration.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Number of days previously used this school year by this individual: \_\_\_\_\_  
(Limited to a cumulative total of five (5) days for each employee per school year)

Date(s) of Leave Requested: \_\_\_\_\_

Type/Title Activity: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

<b>SUBSTITUTE</b>	
_____ Yes	_____ No

**PLEASE CHECK ONE OF THE FOLLOWING:**

\_\_\_\_\_ **School Request**  
This professional leave is initiated by the school and approved by the Professional Leave Committee.  
(1) Total number of school days allocated..... \_\_\_\_\_  
(2) Total number of school days used prior to this request..... \_\_\_\_\_  
 Approved  Denied \_\_\_\_\_  
Professional Leave Committee Chair Date

\_\_\_\_\_ **County Request**  
This professional leave is to attend an event initiated or sponsored by the county.

\_\_\_\_\_ **Director Request**  
This professional leave is initiated by the appropriate level director.

\_\_\_\_\_ **State Request**  
This professional leave is initiated/funded by the West Virginia Department of Education.

\_\_\_\_\_ **Title I School Request**  
This request is part of the school's Title I plan and paid by school Title I funds.

\_\_\_\_\_ **Special Request (no substitute required)**  
This professional leave is initiated by a professional employee with the following criteria:  
(1) The use of such leave will enhance the school program.  
(2) The employee arranges for other professional employees, but not student teachers, to cover instructional and supervisory responsibilities.

Approved  Denied \_\_\_\_\_  
Principal Date

Approved  Denied \_\_\_\_\_  
Level Director Date

Approved  Denied \_\_\_\_\_  
Assistant Superintendent, Curriculum and Instruction Date

Approved  Denied \_\_\_\_\_  
Superintendent Date

**NOTE:** This professional leave day may not be authorized without the appropriate authorization code affixed in the box at the left.