

**STAFFORD COUNTY PUBLIC SCHOOLS
PROFESSIONAL/CONFERENCE LEAVE FORM**

PERSON REQUESTING LEAVE _____ #DAYS REQUIRED _____

DATE(S) OF SUBSTITUTE EVENT _____ PURPOSE _____

SIGNATURE: PERSON REQUESTING LEAVE _____ DATE _____

EMPLOYEE ID# _____ SCHOOL/LOCATION _____ GRADE/SUBJECT _____

ADMINISTRATOR /PRINCIPAL APPROVAL _____ DATE _____

SCHOOL ALLOCATION (55) DIVISION ALLOCATION (65) OTHER (70) NO SUB RQD (85) ACTIVITY (75)

ACTIVITY FUND ONLY: INVOICE # _____

Originating School _____

Reimbursing School _____ Approval _____

Sub Pay (based on full or half day needed) \$ _____ FICA \$ _____

Professional leave must be approved by the principal and/or your supervisor. PROFESSIONAL LEAVE SHOULD NOT BE TAKEN UNTIL APPROVAL IS RECEIVED. Please submit whenever employee is requesting approval to be on leave for professional reasons and is not requesting approval of funds for expense. Allow two weeks for processing.

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