

**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     DIVISION ALLOCATION     OTHER     NO SUB RQD     ACTIVITY

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

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