

**Must check if Flex Day is being taken.**

FILE: 5.10.7

**Summer Stipend (ELA, Math- prior approval from district)**

REQUEST FOR PROFESSIONAL LEAVE  
SYLACAUGA BOARD OF EDUCATION  
Sylacauga, Alabama

DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Request is hereby made for \_\_\_\_\_ day(s) of professional leave for the date(s) of \_\_\_\_\_  
\_\_\_\_\_ for the purpose of \_\_\_\_\_  
\_\_\_\_\_

Estimated expenses are as follows:

Reimbursed:

Prepaid by Board (attached forms)

Mileage \_\_\_\_\_ x .56 \_\_\_\_\_

2 WEEK NOTICE REQUESTED

Lodging \_\_\_\_\_

Registration \_\_\_\_\_

Meals \_\_\_\_\_

Lodging \_\_\_\_\_

Registration \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Employee must complete travel reimbursement form within (5) five days of travel date.**

Supervisor's Action

\_\_\_\_\_ Approved By \_\_\_\_\_

\_\_\_\_\_ Disapproved Date \_\_\_\_\_

Superintendent's Action

\_\_\_\_\_ Approved By \_\_\_\_\_

\_\_\_\_\_ Disapproved Date \_\_\_\_\_

FUND SOURCE TO BE CHARGED \_\_\_\_\_

GL DISTRIBUTION \_\_\_\_\_ - - - - -