

☐ Must check if Flex Day is being taken.

FILE: 5.10.7

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 .625 _____

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 _____ - - - - -