

HENRY COUNTY BOARD OF EDUCATION

Post Office Box 635

Abbeville, AL 36310

PROFESSIONAL LEAVE FORM

(Use for Professional Leave, Professional Development, or Detached Duty)

Date: _____

Name: _____

Location: _____

I would like to request _____ day(s)/hour(s) on _____ (Date)

as **PROFESSIONAL LEAVE/DETACHED DUTY** for the purpose of _____

Leave Purpose (select one): Professional Leave/Development _____

Detached Duty ("Other Leave")* _____

Substitute Required: Yes _____ No _____ If yes, number of days _____

To be paid from: Title I ____ Title II ____ Title III ____ IDEA ____ OSR/Pre-K ____

ARI ____ Career Tech ____ Local School ____

Other (specify) _____

Fund Source: _____ G/L Account : _____
(must be completed if applicable) (Central Office use only)

Central Office Program Manager/Coordinator's Signature

Date

Principal's Signature

Date

Superintendent's Signature

Date

*Other Leave is an absence from the classroom or office to participate in a meeting or activity that cannot be classified as professional leave, but is related to school business.