

MCINTOSH COUNTY SCHOOLS PROFESSIONAL LEAVE FORM



Employee's Name (Printed): _____

School Name: _____ **Date:** _____

Professional leave is taken at the direction of the school site administrator/Board of Education Office for school business. All professional leave must be PRIOR approved by a supervisor and Central Office designee. All forms must have a copy of the agenda or schedule for activity attached to them. (If agenda is NOT attached, leave will be charged to PERSONAL LEAVE or LEAVE WITHOUT PAY.) In addition, a copy of this form must be attached to the "Employee Expense Statement" if reimbursement is requested for leave.

**** NAME OF PROGRAM PAYING****

Administrators: Be sure that your school allotment is monitored and includes payment for substitute teachers.

All leave forms MUST be coded.

If coded General Funds/ Other it must show specific reason/allotment – ESOL, sports, band/chorus, field trips, etc.)

_____ Gifted	_____ Title I A	_____ Sp. Ed. Title VI-B
_____ Title III –	_____ Title II A (Teacher Quality)	_____ CTAE
_____ Immigrant/LEP	_____ Title II B: MSP Grant	_____ Pre-K Lottery Funds
_____ School Nutrition	_____ General/State Funds	_____ General Funds/Other
_____ Technology	(Professional Learning)	(specify reason: _____)
_____ Admin Allotment		_____)

Title of Conference /Event: _____

****CNA/DIP Documentation**

Attached & Verified by: _____ **Date:** _____

Date(s): _____ **Destination:** _____

Employee's Signature: _____ **Date:** _____

Administrator's Approval: _____ **Date:** _____

BOE APPROVED: _____ **Date:** _____