

SOUTHWESTERN CONSOLIDATED SCHOOL DISTRICT
SHELBYVILLE, INDIANA

PROFESSIONAL LEAVE REQUEST

I hereby request permission to attend the professional meeting described below:

Name of Conference: _____

Place of Conference: _____

Date of Conference: _____

Estimated Professional Expenses (Itemized):

Registration Fees _____

Mileage () per mile _____

Lodging _____

*TOTAL EXPENSES _____

Signed: _____
Applicant Date

Signed: _____
Principal Date

Signed: _____
Superintendent Date

Action taken by Board of Education _____

*Itemized claim and receipts shall be filed in the administration office before reimbursement may be made. (Two copies of this application shall be filed and acted upon at least two weeks prior to professional meeting.) **Conference/Workshop Report Form must be completed and returned to the Superintendent within two (2) weeks following the professional leave.**

Principal's Comments:

Name of Substitute (s) employed: _____

Other Comments: _____

Superintendent's Comments: _____