

**COMMUNITY UNIT SCHOOL DISTRICT NO. 2
Marion, Illinois**

PROFESSIONAL LEAVE REQUEST

Any Unit #2 staff who will use professional leave days (being absent on a work day), require a substitute, or incur expenses (mileage, registration, etc.) must complete this form. Submit it to your principal, director or supervisor at least 2 weeks before the meeting, conference, event, field trip, etc. WCSED personnel **must** secure Director or Supervisor approval prior to the principal. Attach your copy of this form to the Personnel Expense Form when you submit it.

Name _____ **Date** _____

Address _____
Street/P.O. Box City Zip Code

Meeting/Event _____

Date(s) of Meeting/Event _____ **Place** _____

Will a substitute be required? YES NO If YES, list date(s). _____

Itemize estimated expenses. (Registration, Meals, Lodging, Travel) _____

Do you request Unit #2 to prepay registration? YES NO

(Completed registration form must be attached.)

Do you request an advance on your out of pocket expenses? YES NO Amount (50%) _____

Will other organizations, grants, or special projects cover any of your expenses? YES NO

If YES, describe. _____

Describe the purpose of the professional leave and your reasons for attending. _____

Signed _____

If approved, initial and date in order indicated.

1. Dir./Supv. _____ Date _____ 2. Prin. _____ Date _____

3. Asst. Supt. _____ Date _____ 4. Supt. _____ Date _____

Account No. _____ Expenses Approved (\$ or %) _____

