

# HENRY COUNTY BOARD OF EDUCATION

Post Office Box 635

Abbeville, AL 36310

## PROFESSIONAL LEAVE FORM

(Use for Professional Leave or Professional Development Only)

Not to be used for Detached Duty

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Location: \_\_\_\_\_

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

as **PROFESSIONAL LEAVE** for the purpose of \_\_\_\_\_

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

\_\_\_\_\_  
Employee'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.