

**4.34.F      TEMPORARY PROFESSIONAL LEAVE REQUEST FORM**  
**COLBERT COUNTY BOARD OF EDUCATION**  
**Tuscumbia, Alabama**

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**Request for Temporary Professional Leave with pay. Form must be submitted to Superintendent at least ten (10) days prior to anticipated leave date.**

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

School/Work Site: \_\_\_\_\_

I hereby request leave from my official duties based on the following information: (explain in full)

\_\_\_\_\_

Day(s) employee to be absent: \_\_\_\_\_ Date(s): \_\_\_\_\_

Have you used professional leave this year? ( ) Yes ( ) No    How many days? \_\_\_\_\_

Who is providing funding for the activity/substitute: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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**TO BE COMPLETED BY THE PRINCIPAL/WORK SITE SUPERVISOR**

Leave Approved: ( ) Yes ( ) No If yes,

Is substitute requested? ( ) Yes ( ) No

Will substitute be paid from local school funds? ( ) Yes ( ) No

Will substitute pay be deducted from employee? ( ) Yes ( ) No

Will travel be paid from local school funds? ( ) Yes ( ) No

Will any expenditure for this activity be paid by federal programs? \_\_\_\_\_ ( ) Yes ( ) No

Is this Professional Development activity in your School Professional Development Plan? ( ) Yes ( ) No

Principal/Supervisor Signature: \_\_\_\_\_

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**TO BE COMPLETED BY THE INDIVIDUAL AUTHORIZING THE FUNDS**

Signature of Individual Authorizing Funds: \_\_\_\_\_

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**SUPERINTENDENT APPROVAL**

Leave Approved: \_\_\_\_ Yes \_\_\_\_ No If yes,

Approved with pay. ( ) Yes ( ) No

Approved without pay. ( ) Yes ( ) No

Approved with local school paying substitute. ( ) Yes ( ) No

Approved with employee paying substitute. ( ) Yes ( ) No

Approved with local school paying travel costs. ( ) Yes ( ) No

Approved with employee paying travel costs. ( ) Yes ( ) No

Approved with Board paying substitute. ( ) Yes ( ) No

Approved with Board paying travel costs. ( ) Yes ( ) No

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_