

**PROFESSIONAL LEAVE REQUEST FORM**

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Professional Leave: \_\_\_\_\_  
(Attach/Include Agenda, OC Travel Form)

Dates Requested: \_\_\_\_\_

Substitute Required: \_\_\_\_\_ All Days OR Specific Dates: \_\_\_\_\_

In-House Coverage: \_\_\_\_\_ All Days OR Specific Dates: \_\_\_\_\_

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

Principal Signature: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Funding Source: \_\_\_\_\_

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

AUTHORIZATION CODE: \_\_\_\_\_ JOB NUMBER: \_\_\_\_\_

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